



**CITY OF MARTINEZ**

**CITY COUNCIL AGENDA  
May 6, 2015**

**TO:** Mayor and City Council  
**FROM:** Mercy G. Cabral, Deputy City Clerk  
**SUBJECT:** Rejection of Claim  
**DATE:** April 22, 2015

**RECOMMENDATION:**

Reject claim against the City by Portia Stewart, #15-02, and order that the claimant be notified.

**BACKGROUND:**

Claims should be rejected, claimant notified of the rejection, and referred to Municipal Pooling Authority and/or the City Attorney. Government Code Section 912.6(4) provides, "If legal liability of the public entity ... is disputed, the City Council may reject the claim..."

The statute of limitations for filing a court action on a claim commences upon notification of the rejection of claim.

**FISCAL IMPACT:**

No impact to General Fund.

**ACTION:**

Motion rejecting claim against the City and order the claimant be notified.

Attachment:  
Claim #15-02

**APPROVED BY:**

  
Rob Braulik, City Manager



Reserve for filing stamp

**CLAIM PRESENTED TO THE CITY OF MARTINEZ**  
\* Please read the instructions on the back before completing.

**RECEIVED**  
JAN 16 2015

CITY OF MARTINEZ  
CITY CLERK'S OFFICE

(15-02)

1. Claimant's Name: (PRINT) Robin Stewart  
Address: 1748 Tuolumne St. #133 Vallejo 94589  
Day Phone: (707) 712-1307 Eve Phone: (707) 712-1307

2. When did the damage or injury occur?  
Month: 12 Day: 23 Year: 2014 Time: a.m./p.m.  
Police Report # 14-3750  
Case # from Amtrak 2949997

3. At which location did the damage or injury occur?  
Martinez Amtrak Station

4. a. What happened and why is the City responsible? My Automobile was Vandalized  
Broken window glove box latch broken off personal property  
taken. I was told by Amtrak management that to contact  
the City of Martinez because they own the property.

b. Name and position of responsible City Employee(s), if known: Mrs. Hersey.

5. What damage or injury occurred? Broken window glove box latch broken  
off box has to be replaced personal property taken.

6. Claim amount (only if less than \$10,000): 680.50  
If the amount exceeds \$10,000, please check (X) the court of appropriate jurisdiction:  
 Municipal Court (claims up to \$25,000)  Superior Court (claims over \$25,000)

7. How did you arrive at the amount claimed? Please attach documentation.  
Attach please find Invoices.

8. I declare under penalty of perjury under the laws of the State of California that the following information is true and correct, and that this declaration was executed on January 11, 2015, at San Francisco, CA.  
Robin Stewart  
Signature of Claimant or Representative's Signature

9. Official Notices and Correspondence  
If represented by an insurance company or an attorney, please provide the information requested below.  
Name and Capacity: (PLEASE PRINT) \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Daytime Telephone: ( ) \_\_\_\_\_ Evening Telephone: ( ) \_\_\_\_\_