



**Date:** October 13, 2015  
**To:** Mayor and City Council  
**From:** Mercy G. Cabral, Deputy City Clerk  
**Subject:** Rejection of Claim

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**Recommendation**

Reject claim against the City by Leslie Kolesa, #15-16, and order 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..."

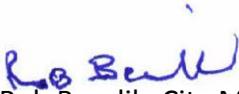
The statute of limitations for filing a court action on a claim commences upon notification of the rejection of claim.

**Fiscal Impact**

No impact to General Fund.

**Attachments**

- Claim #15-16

APPROVED BY:   
Rob Braulik, City Manager



Reserve for filling stamp

**CLAIM PRESENTED TO THE CITY OF MARTINEZ**

\* Please read the instructions on the back before completing.

RECEIVED

JUL 16 2015

CITY OF MARTINEZ  
CITY CLERK'S OFFICE

(15-16)

1. Claimant's Name: (PRINT) LESLIE KOLESKA  
Address: 312 VIA CORDOVA LANE  
Day Phone: ( H ) 372-4040 Eve Phone: ( Cell ) 925-286-5931

2. When did the damage or injury occur?  
Month: 6 Day: 20 Year: 2015 Time: a.m./p.m. Police Report # 15-1807

3. At which location did the damage or injury occur?  
PARKING LOT BETWEEN BOLLE COURTS & JOE DIMAGGIO DRIVE

4. a. What happened and why is the City responsible? I WAS PARKED IN A CITY LOT NEAR THE BOLLE COURTS. A LIMB FROM A SYCALYPHUS TREE BROKE OFF & FELL ON MY WINDSHIELD, HOOD & RIGHT FRONT FENDER

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

5. What damage or injury occurred? HOOD DENTED & MOVED OVER TO LEAVE A GAP. FENDER DENTED - LEFT FRONT. WINDSHIELD NOT DAMAGED

6. Claim amount (only if less than \$10,000): \$2040.00  
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.  
SEE ATTACHED ESTIMATE

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 July 16, 2015, at 2:00 CA.  
Leslie A. Koleska  
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: ( ) \_\_\_\_\_