**City Council Agenda**
**December 2, 2015**

**Date:** November 16, 2015

**To:** Mayor and City Council

**From:** Mercy G. Cabral, Deputy City Clerk

**Subject:** Rejection of Claims

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**Recommendation**
Reject claims against the City by Lyric Pamilton, a minor, and Anderson Pamilton; Lindsey Combs, Claim #15-11 and order the claimants be notified.

**Background**
Claims should be rejected, the claimants 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 rejection of claim.

**Fiscal Impact**
No impact to General Fund.

**Attachments**
Claims #15-11

Reserve for filing stamp

# CLAIM PRESENTED TO THE CITY OF MARTINEZ

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

RECEIVED
SEP 21 2015
CITY OF MARTINEZ
CITY CLERK'S OFFICE
15-11

1. Claimant's Name: (PRINT) Lyric Pamilton, a minor, and Anderson Pamilton

   Address: 820 Shell Avenue, Martinez, California 94553

   Day Phone: (510) 302-9436 Eve Phone: ( )

2. When did the damage or injury occur?
   Month: March Day: 23 Year: 2015 Time: a.m./p.m. 1300 Police Report # 15-889

3. At which location did the damage or injury occur?
   820 Shell Avenue, Martinez, California 94553.

4. a. What happened and why is the City responsible? Please see attachment.

   b. Name and position of responsible City Employee(s), if known:
   Not known at this time.

5. What damage or injury occurred?
   Lyric Pamilton: wrongful death damages for the death of her mother, Lindsey Combs, as well as Dillon v. Legg emotional distress damages for witnessing the death of her mother.
   Anderson Pamilton: Dillon v. Legg damages for witnessing and observing the death of his unborn child. At the time of this incident, Lindsey Combs was pregnant with Anderson Pamilton's child, and this child was also killed.

6. Claim amount (only if less than $10,000):

   If the amount exceeds $10,000, please check (X) the court of appropriate jurisdiction:
   ____ Municipal Court (claims up to $25,000) X Superior Court (claims over $25,000)

7. How did you arrive at the amount claimed? Please attach documentation.

   See #5.

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 September 18, 2015, at San Francisco, CA.

   *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) Douglas S. Saeltzer, Walkup, Melodia, Kelly & Schoenberger

   Address: 650 California Street, 26th Floor

   City, State, Zip: San Francisco, CA 94108

   Daytime Telephone: ( 415) 981-7210 Evening Telephone: ( )

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RECEIVED
AUG 03 2015
CITY OF MARTINEZ
CITY CLERK'S OFFICE

(15-11)
Addendum

## CLAIM PRESENTED TO THE CITY OF MARTINEZ

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

1. Claimant's Name: (PRINT) LINDSEY COMBS

   Address: C/O MERCURY INSURANCE

   Day Phone: (888) 263-7287 X25581 Eve Phone: ( )

2. When did the damage or injury occur?
   Month: MARCH Day: 23 Year: 2015 Time: a.m./p.m. 1:00 Police Report # 15-889

3. At which location did the damage or injury occur?
   820 SHELL AVE. MARTINEZ, CA. CONTRA COSTA

4. a. What happened and why is the City responsible? OUR INSURED WAS ASKED BY THE CONTRUCTION CREW TO MOVE HER VEHICLE. AS SHE MOVED HER VEHICLE A GRAVEL TRUCK TIPPED OVER AND LANDED ON OUR INSUREDS VEHICLE. CITY OF MARTINEZ CONTRACTED GRAVEL COMPANY.

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

5. What damage or injury occurred?
   OUR INSURED'S VEHICLE WAS CRUSHED - TOTAL LOSS
   OUR INSURED WAS KILLED.

6. Claim amount (only if less than $10,000):

   If the amount exceeds $10,000, please check (X) the court of appropriate jurisdiction:
   X 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.
   TOTAL LOSS SETTLEMENT FOR INSURED VEHICLE

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 28, 2015, at RANCHO CUCAMONGA CA.

   *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) MERCURY INSURANCE/SUBROGATION DEPT.
   Address: P.O. BOX 4600
   City, State, Zip: RANCHO CUCAMONGA, CA. 91729
   Daytime Telephone: (888) 263-7287 X25581 Evening Telephone: ( )

USA HOUSE
MAY 15 2015
CLAIMS