Date: January 14, 2016

To: Mayor and City Council

From: Mercy G. Cabral, Deputy City Clerk

Subject: Rejection of Claims

Recommendation
Reject claims against the City by Joseph Wisher, #15-18; Kim Poyadue, 15-31, 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 #15-18 and #15-31

APPROVED BY:
Interim City Manager

Reserve for filing stamp

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

RECEIVED
JUL 28 2015
CITY OF MARTINEZ
CITY CLERK'S OFFICE
(15-18)

1. Claimant's Name: (PRINT) Joseph Wisher
Address: 281 Brady Court Martinez CA 94553
Day Phone: (925) 250-9649 Eve Phone: (925) 228-9246

2. When did the damage or injury occur?
Month: 7 Day: 10 Year: 2015 Time: a.m./p.m. Pm Police Report # 15-2034
officer C. Ramos

3. At which location did the damage or injury occur?
Downtown Main St Martinez

4. a. What happened and why is the City responsible? during the Friday night car show a very large limb broke off a tree falling and causing damage to my car. The city should have kept these branches trimmed so they would not have gotten so heavy causing them to break

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

5. What damage or injury occurred?
dents in roof and quarterpanel, scratches in paint

6. Claim amount (only if less than $10,000): $ 2864.24

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.
Estimate from Martinez Auto Body - see attached

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 Martinez CA.

Joseph Wisher Jr
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: ( )

Reserve for filing stam

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

RECEIVED
NOV 16 2015
CITY OF MARTINEZ
CITY CLERK'S OFFICE

1. Claimant's Name: (PRINT) Kimberley Poyadue
Address: 900 Lemon St., Martinez, CA 94553
Day Phone: (925) 228-0800 Eve Phone: (925) 324.3239

2. When did the damage or injury occur?
Month: Nov. Day: 15 Year: 2015 Time: a.m./p.m. 5:45 Police Report # 15-3340

3. At which location did the damage or injury occur?
802 Main St., Martinez, CA 94553

4. a. What happened and why is the City responsible? My vehicle was parked in front of "The Front Room" while I was having ~~there~~ dinner. Someone came in and said a tree just fell onto a black SUV & it was mine. I believe the city is responsible for our trees along Main St.

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

5. What damage or injury occurred?
property damage to my 2008 ACURA MDX passenger side - I have attached 6 color photos

6. Claim amount (only if less than $10,000): unknown at this time, I wanted to have the City insurance handle the property damage - It is unknown by me at this time who I need to contact. I called & left a message for the City Manager to contact me - I believe damage is 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) ____ Superior Court (claims over $25,000)

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

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 November 16, 2015, at Martinez CA.

Kimberley M. Poyadue
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: ( ) _____