



To: Mayor and City Council
From: Mercy G. Cabral, Deputy City Clerk
Subject: Rejection of Claim
Date: March 30, 2016

Recommendation

Reject claims against the City by Dona Kile, #16-05; Elijah Dominguez, #16-08; and order the claimants be notified.

Background

Claims should be rejected, 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 the rejection of claim.

Fiscal Impact

No impact to General Fund.

Attachments

- Claim #16-05
- Claim #16-08

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

MAR 4 2016

CITY OF MARTINEZ
CITY CLERK'S OFFICE

1. Claimant's Name: (PRINT) Dona Kile
 Address: 1384 OAKland Blvd #24 Walnut Creek 94596
 Day Phone: 925 457-4104 Eve Phone: () dom39925@gmail.com

2. When did the damage or injury occur?
 Month: 3 Day: 3 Year: 2016 Time: a.m./p.m. 2:30 Police Report # _____

3. At which location did the damage or injury occur? 1011 Las Juntas Martinez

4. a. What happened and why is the City responsible? I was walking from Mellors to Las Juntas and fell in front of 1011 Las Juntas. Sidewalk cracked and raised.
 b. Name and position of responsible City Employee(s), if known: _____

5. What damage or injury occurred? BROKEN r. toe, broken L. wrist, r. knee bruised
witness: UPS driver & County Employee

6. Claim amount (only if less than \$10,000): invoices to follow John Muir Health Walnut Creek, Ca
 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. to follow John Muir Health

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 3-4, 2016, at Martinez 2 CA.
Dona Kile
 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 stamp

CLAIM PRESENTED TO THE CITY OF MARTINEZ
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RECEIVED

MAR 29 2016

CITY OF MARTINEZ
CITY CLERK'S OFFICE

1. Claimant's Name: (PRINT) Elisah Dominguez
 Address: 700 Alhambra Ave
 Day Phone: (925) 470-9061 Eve Phone: ()

2. When did the damage or injury occur?
 Month: 01 Day: 07 Year: 2016 Time: a.m./p.m. 8:30 Police Report # _____

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

4. a. What happened and why is the City responsible? police trump up charges to
registering arrest assault and trespassing this was officer
Brizner #140 and went to court 3/7/16 wasn't even on the list of
being charged was told about the assault charge by Majit Sappal and Eric
Echuleta
 b. Name and position of responsible City Employee(s), if known:
Majit Sappal Eric Echuleta Brizner Dave Mather Milre Estanol

5. What damage or injury occurred?
wrongful conviction and arrested wrongfully trumping up
charges

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) Superior Court (claims over \$25,000)

7. How did you arrive at the amount claimed? Please attach documentation.
Court paying for lawyer butteing and pain

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 March 28, 2016, at Martinez CA CA.
Elis Dominguez
 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: () _____