



To: Mayor and City Council
From: Mercy G. Cabral, Deputy City Clerk
Subject: Rejection of Claim
Date: April 27, 2016

Recommendation

Reject claim against the City by Deja Cook, #16-12, 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 #16-12

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

MAY 10 2016

CITY OF MARTINEZ
CITY CLERK'S OFFICE

#16-12

1. Claimant's Name: (PRINT) Deja Cook
 Address: 4904 Clayton R, Apt #104, Concord, CA 94521
 Day Phone: (206) 852-5147 Eve Phone: ()

2. When did the damage or injury occur?
 Month: November Day: 6th Year: 2015 Time: a.m./p.m. (p.m.) Police Report # 93202015
1052

3. At which location did the damage or injury occur?
Pacheco Blvd, Martinez, CA - near Arnold dr.

4. a. What happened and why is the City responsible? was in a car accident due to a
0 construction flag obstructing my view. The flag was there over
a week with no construction workers in site.

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

5. What damage or injury occurred?
I was hit on the drivers side. My insurance counted my car
totaled. I received injuries to my face, hip and back. I did
go to the hospital for those injuries.

6. Claim amount (only if less than \$10,000): \$ 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.
It is a accumulation of transportation expenses, hospital bills, cost
of insurance for my car, cost of my car and missed working days.

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 May 4th, 2016, 2016, at Concord CA.
Deja Cook
 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: () _____