



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 Elijah Dominguez, Claim #16-18, and order that 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.

Attachment

- Claim #16-18

APPROVED BY:



Brad Kilger, City Manager



CLAIM PRESENTED TO THE CITY OF MARTINEZ

Filing Stamp
RECEIVED
AUG 1 2016
CITY OF MARTINEZ
CITY CLERK'S OFFICE

16-18

Date: _____

CONTACT

| | | |
|---|---|-----------------------------------|
| CLAIMANT'S NAME Dominguez, Elijah | HOME PHONE 925-470-9061 | CELL PHONE 925-470-9061 |
| RESIDENCE ADDRESS (STREET, CITY) 700 Alhambra Ave | E-MAIL ADDRESS Eli.Dominguez32714@gmail.com | |

CLAIM

| | |
|--|-----------------|
| WHEN DID THE DAMAGE OR INJURY OCCUR? MONTH: 07 DAY: 24 YEAR: 2016 TIME: 1030 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | POLICE REPORT # |
|--|-----------------|

AT WHICH LOCATION DID THE DAMAGE OR INJURY OCCUR?
700 Alhambra Ave #223

WHAT HAPPENED AND WHY IS THE CITY RESPONSIBLE?
was arrested by Mike Estonle & C. Ramos and was falsely imprisoned & had falsified information and charges against me falsified information in regards to ssi I sent a complaint to the police department about officer using another person social security number

NAME AND POSITION OF RESPONSIBLE CITY EMPLOYEE(S), IF KNOWN:
Mike Estonle & C. Ramos

WHAT DAMAGE OR INJURY OCCURRED?

| | |
|---|--|
| CLAIM AMOUNT (ONLY IF LESS THAN \$10,000) | IF THE AMOUNT EXCEEDS \$10,000, CHECK THE COURT OF APPROPRIATE JURISDICTION: MUNICIPAL COURT (CLAIMS UP TO \$25,000) <input type="checkbox"/> SUPERIOR COURT (CLAIMS OVER \$25,000) <input checked="" type="checkbox"/> |
|---|--|

HOW DID YOU ARRIVE AT THE AMOUNT CLAIMED? PLEASE ATTACH DOCUMENTATION.
fraud wrongful imprisonment breach of civil liberties

OFFICIAL NOTICES AND CORRESPONDENCE

If represented by an insurance company or an attorney, please provide the information requested below.

| | | |
|-------------------|---------------|-----|
| NAME AND CAPACITY | ADDRESS | |
| CITY | STATE | ZIP |
| PHONE | EMAIL ADDRESS | |

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 08/11/16 AT Martinez, CALIFORNIA.

Dominguez Elijah
Signature of Claimant or Representative's
(Type Name to Sign)