



**To:** Mayor and City Council  
**From:** Mercy G. Cabral, Deputy City Clerk  
**Subject:** Rejection of Claim  
**Date:** November 28, 2016

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**Recommendation**

Reject claim against the City by Kirstin Henderson, Claim #16-19 and order the claimant 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.

**Attachment**

- Claim #16-19

**APPROVED BY:**



Brad Kilger, City Manager



CLAIM PRESENTED TO THE CITY OF MARTINEZ

Filing Stamp

16-19

Date: August 01, 2016

CONTACT

CLAIMANT'S NAME <b>Kristin Henderson</b>	HOME PHONE <b>925-446-9747</b>	CELL PHONE <b>9254469747</b>
RESIDENCE ADDRESS (STREET, CITY) <b>2241 LaSalle Street, Martinez, CA 94553</b>	E-MAIL ADDRESS <b>hendersonkristin@hotmail.com</b>	

CLAIM

WHEN DID THE DAMAGE OR INJURY OCCUR?			POLICE REPORT #	
MONTH: <b>February</b>	DAY: <b>03</b>	YEAR: <b>2016*</b>	TIME: <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<b>Please Provide</b>
AT WHICH LOCATION DID THE DAMAGE OR INJURY OCCUR? <b>Plaintiff Residence, City Hall, &amp; wherever communications &amp; actions occurred</b>				
WHAT HAPPENED AND WHY IS THE CITY RESPONSIBLE? <b>See attached one page labeled "Kristin Henderson (Plaintiff) Claim Against the City of Martinez August 01, 2016"</b>				
<b>*Damage and Injury occurred over the course of a decade. "Benchmark" incident on February 03, 2016 with subsequent incidences contained in the record, including information currently suppressed and denied by the City of Martinez.</b>				
NAME AND POSITION OF RESPONSIBLE CITY EMPLOYEE(S), IF KNOWN: <b>See attached</b>				
WHAT DAMAGE OR INJURY OCCURED? <b>See attached</b>				
CLAIM AMOUNT (ONLY IF LESS THAN \$10,000)	<b>N/A</b>	IF THE AMOUNT EXCEEDS \$10,000, CHECK THE COURT OF APPROPRIATE JURISDICTION: MUNICIPAL COURT (CLAIMS UP TO \$25,000)      SUPERIOR COURT (CLAIMS OVER \$25,000)		
HOW DID YOU ARRIVE AT THE AMOUNT CLAIMED? PLEASE ATTACH DOCUMENTATION. <b>See Attached</b>				<input type="button" value="Attach Documents"/>

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 August 01, 2016 AT Battleground, State of Washington, CALIFORNIA.

*Kristin Henderson*

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