



**City Council Agenda  
December 14, 2016**

**To:** Mayor and City Council  
**From:** Mercy G. Cabral, Deputy City Clerk  
**Subject:** Rejection of Claim  
**Date:** December 5, 2016

---

**Recommendation**

Reject claim against the City by Cherie Shaw, Claim #16-20 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 #16-20

**APPROVED BY:**



Brad Kilger, City Manager



16-20

CLAIM PRESENTED TO THE CITY OF MARTINEZ

Filing Stamp
<b>RECEIVED</b>
SEP 1 2016
CITY OF MARTINEZ CITY CLERK'S OFFICE

Date: 9-1-16

CONTACT		
CLAIMANT'S NAME <u>Cherie Sitaw</u>	HOME PHONE <u>510/234-5242</u>	CELL PHONE <u>510/829-7285</u>
RESIDENCE ADDRESS (STREET, CITY) <u>2037 Lincoln Avenue Richmond CA 94801</u>	E-MAIL ADDRESS	

CLAIM		
WHEN DID THE DAMAGE OR INJURY OCCUR? MONTH: <u>6</u> DAY: <u>6</u> YEAR: <u>2016</u> TIME: <u>9:00</u> <sup>ground</sup> <sub>clock</sub> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	POLICE REPORT #	
AT WHICH LOCATION DID THE DAMAGE OR INJURY OCCUR? <u>It happened on Escobar st</u>		
WHAT HAPPENED AND WHY IS THE CITY RESPONSIBLE? <u>I was leaving the Court House. Just left the court rm. Anyway I was walking down Escobar st. As I was walking I tripped and fell, I stated arm was in and cast. Went to Martinez County Hospital by Ambulance. Was treated there. Then went to Richmond Health Clinic and was put</u>		
NAME AND POSITION OF RESPONSIBLE CITY EMPLOYEE(S), IF KNOWN:		
WHAT DAMAGE OR INJURY OCCURED? <u>Arm in cast, still hurts, pain &amp; suffering.</u>		
CLAIM AMOUNT (ONLY IF LESS THAN \$10,000)	IF THE AMOUNT EXCEEDS \$10,000, CHECK THE COURT OF APPROPRIATE JURISDICTION: <input type="checkbox"/> MUNICIPAL COURT (CLAIMS UP TO \$25,000) <input type="checkbox"/> SUPERIOR COURT (CLAIMS OVER \$25,000)	
HOW DID YOU ARRIVE AT THE AMOUNT CLAIMED? PLEASE ATTACH DOCUMENTATION.		
		<a href="#">Attach Documents</a>

OFFICIAL NOTICES AND CORRESPONDENCE		
<i>If represented by an insurance company or an attorney, please provide the information requested below.</i>		
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

Cheri Sitaw 9-1-16 AT Martinez, CALIFORNIA.

Cheri Sitaw

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