



CITY OF MARTINEZ

**CITY COUNCIL AGENDA
December 5, 2007**

TO: Mayor and City Council
FROM: Mercy G. Cabral, Deputy City Clerk
SUBJECT: Rejection of Claim(s)
DATE: November 27, 2007

RECOMMENDATION:

Reject claim against the City by Linda & Peter Lorah #07-18; and order that the claimants be notified.

BACKGROUND:

Claims should be rejected, the claimant notified of the rejection, and referred to Municipal Polling 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.

ACTION:

Motion rejecting claim against the City and order that the claimants be notified of rejection.

Attachment: Claim(s)

APPROVED BY:

City Manager



Reserve for filing stamp

CLAIM PRESENTED TO THE CITY OF MARTINEZ
* Please read the instructions on the back before completing.

RECEIVED
JUL 17 2007

CITY OF MARTINEZ
CITY CLERKS OFFICE

07-18

1. Claimant's Name: (PRINT) Linda & Peter Lorah
Address: 29 Alan Way, Martinez, CA 94553
Day Phone: 925 370-6273 Eve Phone: ()

2. When did the damage or injury occur?
Month: 02 Day: 23 Year: 2007 Time: 11:45 a.m./p.m. Police Report # 07-761

3. At which location did the damage or injury occur? Public sidewalk adjacent to street address 1229 Court Street, Martinez, CA

4. a. What happened and why is the City responsible? Claimant Linda Lorah tripped and fell due to damaged, misleveled sidewalk. She suffered physical injuries, and her husband, Peter Lorah, sustained damages for loss of consortium.

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

5. What damage or injury occurred? Linda Lorah suffered a concussion, fractured left middle finger, sprained left ring finger, right knee sprain, bruises and contusions to her hands, arms, and legs, and emotional distress. Peter Lorah sustained damages for loss of consortium as a result of wife's injuries.

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.
See attached police report, photographs, and demand package submitted with this claim.

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 July 17, 2007, at Alameda CA.

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) William L. Berg, Attorney
Address: 2440 Santa Clara Avenue
City, State, Zip: Alameda, CA 94501
Daytime Telephone: (510) 523-3200 Evening Telephone: () Same