



**CITY OF MARTINEZ**

**CITY COUNCIL AGENDA  
January 9, 2008**

**TO:** Mayor and City Council  
**FROM:** Mercy G. Cabral, Deputy City Clerk  
**SUBJECT:** Rejection of Claim(s)  
**DATE:** January 2, 2007

**RECOMMENDATION:**

Reject claim against the City by Enterprise Rent-a-Car, Claim #07-32; and order that the claimant 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**  
NOV 30 2007

CITY OF MARTINEZ  
CITY CLERKS OFFICE

07-32

1. Claimant's Name: (PRINT) Enterprise Rent-a-Car  
 Address: P.O. Box 2478 San Leandro, CA 94577  
 Day Phone: (510) 746-3218 Eve Phone: ( )

2. When did the damage or injury occur?  
 Month: Oct Day: 10 Year: 2007 Time:  a.m./p.m. 9:00 Police Report # 07-4519

3. At which location did the damage or injury occur?  
Escobar and Ferry in Martinez

4. a. What happened and why is the City responsible? a low hanging branch over the road struck our vehicle

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

5. What damage or injury occurred? passenger side corner cap

6. Claim amount (only if less than \$10,000): \$1332.34  
 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.  
Damage Amount: \$1232.34  
Administrative Fee: \$100.00

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 November 28, 2007, at San Leandro CA.  
Kenny W. Davis  
 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: P.O. Box 2478  
 City, State, Zip: San Leandro, CA. 94577  
 Daytime Telephone: (510) 746-3218 Evening Telephone: ( )