CITY OF MARTINEZ **CITY COUNCIL AGENDA**
May 21, 2008

TO: Mayor and City Council

FROM: Mercy G. Cabral, Deputy City Clerk

SUBJECT: Rejection of Claims

DATE: May 14, 2008

RECOMMENDATION:

Reject claims against the City by Bruce & Leslie Witt, Claim #08-01; Corey Stanley, Claim #08-09; Cynthia Tilton, Claim #08-11; Sharon Gallamore, Claim #08-12; Joseph Wisher, Claim #08-13; 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 claims against the City and order that the claimants be notified of rejection.

Attachment: Claims

APPROVED BY: Karen L. Mayoux
Acting City Manager

Reserve for filing stamp

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

RECEIVED
FEB 5 2008
CITY OF MARTINEZ
CITY CLERK'S OFFICE

08-01

1. Claimant's Name: (PRINT) Bruce + Leslie Witt
   Address: 915 Deer Creek Drive
   Day Phone: (925) 370-0730 Eve Phone: (925) 370-0730

2. When did the damage or injury occur?
   Month: January Day: ? Year: 08 Time: a.m./p.m. 9-10 Police Report # _____

3. At which location did the damage or injury occur? 915 Deer Creek Drive

4. a. What happened and why is the City responsible? Broken water "main" on Cross Creek Drive.

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

5. What damage or injury occurred? Due to the tremendous water flow, decorative bark was washed away + dirt/mud was washed into backyard/play area.

6. Claim amount (only if less than $10,000): $500

   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.
   personal estimate

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 January 28, 2008, at Martinez CA.

   Bruce Witt
   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: _____
   City, State, Zip: _____
   Daytime Telephone: ( ) _____ Evening Telephone: ( ) _____

Reserve for filing stamp

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

RECEIVED
MAR 14 2008
CITY OF MARTINEZ
CITY CLERK'S OFFICE

08-09

1. Claimant's Name: (PRINT) COREY STANLEY
Address: 3131 CATALPA ST. MARTINEZ CA 94553
Day Phone: (925) 497-8977 Eve Phone: ( ) SAME

2. When did the damage or injury occur?
Month: FEB. Day: 11TH Year: 2008 Time: a.m./p.m. 10:45 Police Report # _____

3. At which location did the damage or injury occur?
3131 CATALPA ST MARTINEZ CA 94553

4. a. What happened and why is the City responsible? THE CITY IS RESPONSIBLE BECAUSE THEIR STREET SWEEPER DROVE UP MY STREET FLINING ROCKS EVERY WHERE CAUSING THE DAMAGE TO MY VEHICLE THERE WAS NO NOTICE SAYING THEY WERE COMING ALSO THERE ARE NO SIDEWALKS OR DRAINS ON MY STREET SO THERE IS NO NEED FOR SWEEPING.

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

I SAW THE WHOLE THING HAPPEN

5. What damage or injury occurred? SCRATCH ON HOOD OF CAR AND CRACK IN WINDSHEILD ALSO DINGS IN RIMS. VEHICLE WAS ALSO COVERD IN DIRT.

6. Claim amount (only if less than $10,000): $249.00

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.
A PLUS AUTO DETAILING PRICE SHEET (INCLUDED)

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 FEBRUARY THE 12TH, 2008, at MARTINEZ 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)
Address: _____
City, State, Zip: _____
Daytime Telephone: ( ) _____ Evening Telephone: ( ) _____

I HAVE LIVED AT THIS RESIDENCE FOR AT LEAST 8 YEARS AND HAVE NEVER SEEN A STREET SWEEPER.

Reserve for filing stamp

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

RECEIVED
MAR 25 2008
CITY OF MARTINEZ
CITY CLERKS OFFICE
08-11

1. **Claimant's Name: (PRINT)** Cynthia Tilton
Address: 216 WAWONA CiRcle, Martinez CA 94553
Day Phone: (510) 625 3407 **Eve Phone:** (925) 372 5366 email: cynthiatilton@gmail.com

2. **When did the damage or injury occur?**
Month: Feb **Day:** 20 **Year:** 2008 **Time:** a.m./p.m. N 0700 **Police Report #** _____

3. **At which location did the damage or injury occur?**
my carport driveway

4. a. **What happened and why is the City responsible?** The street cleaning machine knocked a rock loose that cracked my windshield. I was home sick the 19th & in the Am of 2/20 - ~~at~~ my car was parked & nose pointed towards the street.

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

5. **What damage or injury occurred?**
Windshield cracked resulting in getting it replaced

6. **Claim amount (only if less than $10,000):** ~~$239.00~~ error $248.92

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.** Ford repair receipt invoice

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** 18 March, 2008, **at** Martinez **CA.**

Cynthia Tilton
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: _____
City, State, Zip: _____
Daytime Telephone: ( ) _____ **Evening Telephone: ( )** _____

Reserve for filing stamp

RECEIVED
MAR 27 2008
CITY OF MARTINEZ
CITY CLERKS OFFICE

08-12

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

1. Claimant's Name: (PRINT) SHARON GALLAMORE
   Address: 820 CENTER AVE., MTZ.
   Day Phone: (925) 228-1768 Eve Phone: ( ) SAME

2. When did the damage or injury occur?
   Month: 3 Day: 20 Year: 2008 Time: a.m./p.m. APPROX. 12:20 Police Report # _____

3. At which location did the damage or injury occur?
   TRAVELING SOUTH ON ALHAMBRA TOWARDS P.H.

4. a. What happened and why is the City responsible?
   BAY CITIES PAVING WORKING ON SIDES OF ROAD WITH HEAVY EQUIP. ROCK FLEW UP SWERVED TO TRY & AVOID.

   b. Name and position of responsible City Employee(s), if known:
   TOLD BY CONST. INSPECTOR THAT BAY CITIES IS SUBCONTRACTOR HIRED BY CITY OF MTZ.

5. What damage or injury occurred?
   FRONT BUMPER.

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.

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 3-27, 2008, at 11:17 AM MTZ. CA.

   Sharon Gallamore
   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: _____
   City, State, Zip: _____
   Daytime Telephone: ( ) _____ Evening Telephone: ( ) _____

Reserve for filing stamp

RECEIVED
APR 15 2008
CITY OF MARTINEZ
CITY CLERK'S OFFICE

08-13

CLAIM PRESENTED TO THE CITY OF MARTINEZ

* Please read the instructions on the back before completing.

1. Claimant's Name: (PRINT) Joseph V Wisher

Address: 281 Brady ct. Martinez Ca. 94553

Day Phone: (925) 250-9649 cell Eve Phone: (925) 228-9246 Home

2. When did the damage or injury occur?
Month: 3 Day: 30 31 Year: 08 Time: a.m./p.m. Police Report # 0803300448

3. At which location did the damage or injury occur? 1054 Bush st Mtz Ca.

4. a. What happened and why is the City responsible? Police action (kicked in front door looking for intruder.)

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

5. What damage or injury occurred? Front Door & Casing Damaged. (Broken)

6. Claim amount (only if less than $10,000): $1,045,37

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.

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 _____, 20___, at _____ CA.

Joseph V. Wisher
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: _____

City, State, Zip: _____

Daytime Telephone: ( ) _____ Evening Telephone: ( ) _____