



CITY OF MARTINEZ

**CITY COUNCIL AGENDA
March 4, 2009**

TO: Mayor and City Council
FROM: Mercy G. Cabral, Deputy City Clerk
SUBJECT: Rejection of Claim
DATE: February 26, 2009

RECOMMENDATION:

Reject claim against the City by Juliann M. Smyth, #08-33, and order that the claimant be notified.

BACKGROUND:

Claim 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 claimant be notified of rejection.

Attachment: Claim

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
DEC 23 2008

CITY OF MARTINEZ
CITY CLERK'S OFFICE

08-33

1. Claimant's Name: (PRINT) Juliann M. Smyth
 Address: 521 Eagle Nest Dr. Martinez Ca 94533
 Day Phone: (925) 787-6274 Eve Phone: (925) 787-6274

2. When did the damage or injury occur?
 Month: June Day: 27 Year: 2008 Time: a.m./p.m. 7:00 PM Police Report # N/A

3. At which location did the damage or injury occur?
Sidewalk in front of residence at 538 Eagle Nest Dr Martinez Ca 94533

4. a. What happened and why is the City responsible? This claim arises from injuries I suffered on 6/27/08 when I tripped on an uneven section of sidewalk while walking to Golden Hills Park. The section of sidewalk is located at 538 Eagle Nest Dr. in Martinez
 b. Name and position of responsible City Employee(s), if known:
unknown

5. What damage or injury occurred? As a result of the fall I suffered injuries to both wrists, underwent surgery, missed work opportunities to earn income, could not enroll in training program. In addition I am still undergoing medical treatment and have a high probability for future arthritis problems.

6. Claim amount (only if less than \$10,000): I claim compensation with amount of
 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) \$250,000.00 +

7. How did you arrive at the amount claimed? Please attach documentation.
The claim amount includes but is not limited to past and future medical care and related expenses, lost income, pain & physical suffering, permanent physical disfigurement, loss of educational training, emotional suffering resulting from the above.

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 December 22nd, 2008 at Martinez CA.

Juliann M. Smyth
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: () _____