



**CITY OF MARTINEZ**

**CITY COUNCIL AGENDA  
April 1, 2009**

**TO:** Mayor and City Council  
**FROM:** Mercy G. Cabral, Deputy City Clerk  
**SUBJECT:** Rejection of Claim(s)  
**DATE:** March 17, 2009

**RECOMMENDATION:**

Reject claim against the City by Ryan McCalvey, Claim No. 09-02 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(s) against the City and order that the claimant(s) be notified of rejection.

Attachment: Claim(s)

**APPROVED BY:**

A handwritten signature in cursive script, appearing to read "Philip V. Vize".

City Manager



Reserve for filing stamp

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

**RECEIVED**  
JAN 20 2009

CITY OF MARTINEZ  
CITY CLERKS OFFICE

09-02

1. Claimant's Name: (PRINT) Ryan McCawley  
 Address: 1891 Queens Rd. Concord, CA. 94519  
 Day Phone: (925) 226-3896 x106 Eve Phone: (925) 915-1907 (cell, text ext) (ext)

2. When did the damage or injury occur?  
 Month: 09 Day: 17 Year: 2008 Time: a.m./p.m. between Noon + 8pm Police Report # \_\_\_\_\_

3. At which location did the damage or injury occur? 1301 Alhambra Ave. Right side street parking

4. a. What happened and why is the City responsible? I parked my car @ streetside parking at the above address where I work. Between noon and 8:30pm a construction crew was working. They placed "Orange Construction sawhorse sign" on the grass haphazard. (no sandbag). The wind blew 2 of them over, I hit my car, denting and gouging the paint

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

5. What damage or injury occurred? front passenger side fender dented and paint gouged away to bare metal.

6. Claim amount (only if less than \$10,000): \$ 759.51  
 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.  
Mikes autobody Preliminary 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 20, 2009, at Martinez CA.

[Signature]  
 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: 1891 Queens Rd.  
 City, State, Zip: Concord, CA. 94519  
 Daytime Telephone: (925) 915-1907 Evening Telephone: ( ) same