



**CITY OF MARTINEZ**

**CITY COUNCIL AGENDA  
June 24, 2009**

**TO:** Mayor and City Council  
**FROM:** Mercy G. Cabral, Deputy City Clerk  
**SUBJECT:** Rejection of Claims  
**DATE:** June 18, 2009

**RECOMMENDATION:**

Reject claims against the City by Roz Tashman, Claim No. 09-05; Ed and Josette Ogan, Claim No. 09-06; and order that the claimants be notified.

**BACKGROUND:**

Claims should be rejected, the claimant notified of the rejection, and referred to Municipal Pooling 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:**

A handwritten signature in black ink, appearing to read "Philip V. Vize". The signature is written in a cursive, flowing style.

City Manager



09-05

Reserve for filing stamp

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

**RECEIVED**  
MAY 04 2009

CITY OF MARTINEZ  
CITY CLERKS OFFICE

1. Claimant's Name: (PRINT) ROZ TASHMAN  
Address: 27 SHETLAND LANE, PLEASANT HILL, CA 94523  
Day Phone: (925) 374-0020 Eve Phone: (925) 335-0322

2. When did the damage or injury occur?  
Month: APRIL Day: 28 Year: 2009 Time: a.m./p.m. 1 P.M. Police Report # NO

3. At which location did the damage or injury occur?  
CORNER OF MORELLO + ARNOLD DRIVE, MARTINEZ, CA 94553

4. a. What happened and why is the City responsible? WHILE RETURNING BACK FROM WALKING WITH MY CO-WORKERS (MORELLO) MY FOOT HIT THE BASE OF PAVEMENT WHICH WAS UNEVEN CAUSING ME TO FALL DOWN INJURING BOTH KNEES, LEFT ELBOW & LEFT HAND & BRUISED STOMACH.

b. Name and position of responsible City Employee(s), if known:  
NONE

5. What damage or injury occurred?  
2 ACUTE INJURED (BOTH KNEES) LEFT ELBOW LEFT HAND AS OF 2 DAYS <sup>PAST</sup> LEFT LEG STILL IN A LOT OF PAIN, & BRUISED STOMACH.

6. Claim amount (only if less than \$10,000): \$5,000  
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.  
UNABLE TO COMPLETE MY DAILY JOB DUTIES UNABLE TO CARE FOR FAMILY (COOK, CLEAN, etc) (SEE ATTACHED)

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 APRIL 30, 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: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Daytime Telephone: ( ) \_\_\_\_\_ Evening Telephone: ( ) \_\_\_\_\_



**CLAIM PRESENTED TO THE CITY OF MARTINEZ**

\* Please read the instructions on the back before completing.

Reserve for filing stamp

**RECEIVED**  
MAY 13 2009

CITY OF MARTINEZ  
CITY CLERKS OFFICE

1. Claimant's Name: (PRINT) JOSETTE + ED OGAN  
Address: 351 MAC ALVEY DRIVE MARTINEZ, CA 94533  
Day Phone: (925) 228-1080 Eve Phone: (925) 228-1080

2. When did the damage or injury occur?  
Month: 04 Day: 03 Year: 2009 Time: a.m./p.m. Police Report # \_\_\_\_\_

3. At which location did the damage or injury occur?  
(RESIDENCE) 351 MAC ALVEY DR. MARTINEZ, CA 94533

4. a. What happened and why is the City responsible?  
THE "OPEN LAND" NEXT TO OUR PROPERTY PUSHED THE DIRT (HILL) ON OUR FENCE CAUSING THE FENCE TO START FALLING / LEANING. RETAINING WALL + POSTS DAMAGED / BROKEN  
b. Name and position of responsible City Employee(s), if known: CALLED THE CITY TO REPORT THE PROBLEM. DAVE CALLED AND SPOKE WITH ED OGAN (OWNER)

5. What damage or injury occurred?  
DAMAGED FENCE BETWEEN OUR PROPERTY AND THE "OPEN LAND". CAUSED BY THE HILL SLIDING INTO OUR FENCE.  
3 SECTIONS OF FENCE AND WALL + RETAINERS REPLACED

6. Claim amount (only if less than \$10,000): \$ 2290<sup>85</sup>  
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 DOCUMENTATION - CRAIG FENCING

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 May 10, 2009, at Martinez CA.  
Josee Ogan + Edvin L Ogan  
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: ( ) \_\_\_\_\_