



CITY OF MARTINEZ

**CITY COUNCIL AGENDA
May 5, 2010**

TO: Mayor and City Council
FROM: Mercy G. Cabral, Deputy City Clerk
SUBJECT: Rejection of Claim(s)
DATE: April 27, 2010

RECOMMENDATION:

Reject claim against the City by Timothy Rizzuti, and order that the claimant 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 claim against the City, and order that the claimant be notified of rejection.

Attachment: Claim #10-06

APPROVED BY:

City Manager



CLAIM PRESENTED TO THE CITY OF MARTINEZ

* Please read the instructions on the back before completing.

RECEIVED
MAR 22 2010

CITY OF MARTINEZ
CITY CLERKS OFFICE

10-06

1. Claimant's Name: (PRINT) TIMOTHY P. RIZZUTI
 Address: 845 B Brookside Drive Richmond, CA 94601
 Day Phone: (800)610-9406 Eve Phone: ()

2. When did the damage or injury occur?
 Month: March Day: 13 Year: 2010 Time: 10:30 a.m./p.m.
 Police Report # 10-868

3. At which location did the damage or injury occur?
Martinez Police Department

4. a. What happened and why is the City responsible? Destroyed my medical marijuana without consent of myself and I have a valid Prop 215 recommendation after I was booked

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

5. What damage or injury occurred?
officer destroyed my property after telling me to come and get it after I was released from jail.

6. Claim amount (only if less than \$10,000): \$15
 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.
I bought it from a dispensary in Berkeley

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 March 22, 2010, 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: () _____