



CITY OF MARTINEZ

**CITY COUNCIL AGENDA
August 18, 2010**

TO: Mayor and City Council
FROM: Mercy G. Cabral, Deputy City Clerk
SUBJECT: Rejection of Claim(s)
DATE: July 26, 2010

RECOMMENDATION:

Reject claims against the City by Norman Kimes and Dana Hunt 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: Claim #10-08
Claim #10-07

10-08



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

RECEIVED
MAY 01 2010
CITY OF MARTINEZ
CITY CLERKS OFFICE

1. Claimant's Name: (PRINT) NORMAN KIMES
 Address: 1911 OVERHILL RD CONCORD 94520
 Day Phone: 360-393-2290 Eve Phone: ()

2. When did the damage or injury occur?
 Month: MAY Day: 5 Year: 2010 Time: a.m./p.m. Approx. 11:30AM Police Report # _____

3. At which location did the damage or injury occur?
1403 HIGHLAND AVE MARTINEZ CA

4. a. What happened and why is the City responsible? A WOODCHIPPER BEING OPERATED BY LABAT'S TREE SERVICE, AS A CONTRACTOR FOR CITY OF MARTINEZ, RAN AWAY DOWN MERRITHEW DR & DIRECTLY INTO MY GARAGE CAUSING SIGNIFICANT DAMAGE.
 b. Name and position of responsible City Employee(s), if known:
DON SALTS CONTACTED ME AT APPROX. 1:00 PM

5. What damage or injury occurred? DISPLACED STRUCTURE FROM ITS FOUNDATION, 54" MEASURED AT SW CORNER. EXTENSIVE STRUCTURAL DAMAGE THROUGHOUT, DAMAGE TO CONTENTS, GAS LEAK CAUSED REQUIRING DISCONNECTION OF GAS SERVICE BY PG&E. SIGNIFICANT ADDITIONAL DAMAGES TO LOSS OF USE, TIME, ETC. RESULTING IN EXTRA IMPACT

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.
APPROXIMATE ESTIMATE BASED ON DEMOLITION & REMOVAL OF DAMAGED STRUCTURE, DUMP FEES, RECONSTRUCTION, PERMITS, TIME & OTHER COSTS

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 17, 2010, at MARTINEZ CA.
Norman Kimes
 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.

RECEIVED
APR 29 2010

CITY OF MARTINEZ
CITY CLERKS OFFICE

10-07

1. Claimant's Name: (PRINT) Dana Hunt
 Address: 1261 64th St # C
 Day Phone: (510) 379-6255 Eve Phone: (510) 601-0811
 (cell)

2. When did the damage or injury occur?
 Month: Dec Day: 10 Year: 2009 Time: a.m./p.m. 1:23 Police Report # 09-4355

3. At which location did the damage or injury occur? 4041 Alhambra # 103 Martinez CA 94553

4. a. ¹What happened and why is the City responsible?
²While walking to the enterprise rental feel and twisted left ankle. The other drive ways have a smooth transition from sidewalk to drive way should be corrected.
 b. Name and position of responsible City Employee(s), if known:

5. What damage or injury occurred?
My left ankle and knee - still under doctors care. (high-low sprain) was determined by my doctor at the first diagnosis. Now to date a appt w/ both neuro. specialist and podiatrist.

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 April 29, 2010, 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: ()