



CITY OF MARTINEZ

**CITY COUNCIL AGENDA
September 1, 2010**

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

RECOMMENDATION:

Reject claim(s) against the City by Dana Hunt and order that the claimant(s) 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(s) against the City, and order that the claimant(s) be notified of rejection.

Attachment: Claim #10-07

A handwritten signature in cursive script, appearing to read "Phil Vence".

APPROVED BY: City Manager



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? ²
¹While walking to the enterprise rental feel and twisted left ankle. ²The 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: () _____