



CITY OF MARTINEZ

**CITY COUNCIL AGENDA
September 15, 2010**

TO: Mayor and City Council
FROM: Mercy G. Cabral, Deputy City Clerk
SUBJECT: Rejection of Claim(s)
DATE: September 9, 2010

RECOMMENDATION:

Reject claims against the City by Roland Williams and Pamela Pearson 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 #09-35
Claim #10-10

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
MAR 8 2010

CITY OF MARTINEZ
CITY CLERKS OFFICE

09-35

1. Claimant's Name: (PRINT) ROLAND WILLIAMS
Address: 1001 ARLINGTON WAY, MARTINEZ
Day Phone: (925) 323 3872 Eve Phone: ()

2. When did the damage or injury occur?
Month: DECEMBER Day: 4th Year: 2009 Time: a.m./p.m. ~ 8 pm Police Report # 09-4290

3. At which location did the damage or injury occur? INTERSECTION OF ESCOBAR AND ESTUDIO ST.

4. a. What happened and why is the City responsible? CITY LAMPPOST FELL OVER AND STRUCK MY HEAD FROM BEHIND. THERE WAS NO TRAFFIC MOVEMENT AND THE COLLAPSE WAS A STRUCTURAL FAILURE OF THE LAMP-POST ITSELF

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

5. What damage or injury occurred? LAMP-POST STRUCK HEAD AND SPLIT SCALP, FORCED HEAD DOWN TO GUEST CAUSING SOFT TISSUE DAMAGE IN NECK. SHOULDER TOOK REST OF BLOW AND THE WEIGHT FORCED MY HEAD HARD INTO THE SIDEWALK SPLITTING FOREHEAD WITH EXTENSIVE BLEEDING FROM HEAD

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. DOCUMENTATION SUBMIT TO ATTORNEY. COST OF MEDICAL TREATMENT, LOST INCOME, INCAPACITATION, PAIN & SUFFERING DISTRESS TO WIFE AND DAUGHTER WHO THOUGHT I WAS DEAD

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 5th, 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: TO BE ANNOUNCED AT LATER DATE
City, State, Zip: _____
Daytime Telephone: () _____ Evening Telephone: () _____



CLAIM PRESENTED TO THE CITY OF MARTINEZ

* Please read the instructions on the back before completing.

RECEIVED
AUG 19 2010

CITY OF MARTINEZ
CITY CLERKS OFFICE

1. Claimant's Name: (PRINT) Pamela Pearson
 Address: 1217 COURT ST
 Day Phone: (707) 335-9996 Eve Phone: (707) 812-4028

2. When did the damage or injury occur?
 Month: 8 Day: 15 Year: 10 Time: 8:50 a.m./p.m. Police Report # 10-2719

3. At which location did the damage or injury occur?
1217 COURT ST martinez, CA

4. a. What happened and why is the City responsible? My house was raided because my son lives there and is on parole. The officers said my sons ~~PO~~ p.o gave a report saying that my son was using drugs. I followed up with sons po and he said that was false. He sent no report to them.
 b. Name and position of responsible City Employee(s), if known: False. He sent no report to them.

5. What damage or injury occurred? They ~~destroyed~~ destroyed my front door. The door has several glass windows, most which were shattered. The right side of the door was completely snapped off. The door is in multiple pieces now. (Pictures are available) There was no resistance, this was very unnecessary.

6. Claim amount (only if less than \$10,000): \$ 350.00
 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.
Parts plus labor materials

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 August 19, 2010, at Martinez CA.
X Pamela Pearson
 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: () _____