



CITY OF MARTINEZ

**CITY COUNCIL AGENDA
September 7, 2011**

TO: Mayor and City Council
FROM: Mercy G. Cabral, Deputy City Clerk
SUBJECT: Rejection of Claim(s)
DATE: August 29, 2011

RECOMMENDATION:

Reject claim(s) against the City by Jimmy Reynoso #11-19; Peter Billecci, 11-20; Rose Hofer, 11-07; and Kathleen O’Hagan, 11-17; 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 claim against the City, and order that the claimants be notified of rejection.

Attachment: Claim #11-19, #11-20, #11-07, and #11-17

APPROVED BY:

A handwritten signature in cursive script, appearing to read "Philip Vucic".

City Manager



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

Reserve for filing stamp

RECEIVED
 JUN 17 2011

CITY OF MARTINEZ
 CITY CLERK'S OFFICE

1. Claimant's Name: (PRINT) Jimmy Reynoso
 Address: 109 Kentfield Ct. Martinez CA
 Day Phone: (925) 698-4779 Eve Phone: () SAME

2. When did the damage or injury occur?
 Month: 12 Day: 21 Year: 2010 Time: 6:30 p.m. Police Report # _____

3. At which location did the damage or injury occur?
Muir Rd. and Fountainhead Ct.

4. a. What happened and why is the City responsible? I was driving to work on this road and hit a large pot hole damaging my two driver side wheels. This road is not maintained well and is full of poor patched holes. City negligence.
 b. Name and position of responsible City Employee(s), if known: _____

5. What damage or injury occurred?
two damaged wheels on my car. estimates are attached detailing the damage.

6. Claim amount (only if less than \$10,000): 4,299.98
 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.
two Body shop estimates.

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 JUNE 11, 2011 at MARTINEZ CA.

Jimmy Reynoso
 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: () _____



Reserve for filing stamp

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

RECEIVED
JUL 13 2011

CITY OF MARTINEZ
CITY CLERKS OFFICE

1. Claimant's Name: (PRINT) Peter Billecci
 Address: 425 Talbair St
 Day Phone: (925) 813 2758 Eve Phone: (925) 228-2640

2. When did the damage or injury occur?
 Month: 06 Day: 29 Year: 2011 Time: a.m. p.m. Police Report # _____

3. At which location did the damage or injury occur?
AT 425 Talbair St

4. a. What happened and why is the City responsible? The construction at the pool. One of the construction trucks spit a rock and broke my wind shield at our family home.

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

5. What damage or injury occurred?
I have a new car with less than 10,000 mi which I bought December 2010. A rock from the construction site came up from a vehicle and broke my wind shield

6. Claim amount (only if less than \$10,000): 927.83
 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. Est from Antioch Nissan where I bought the car

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 July 13 2011 at Martinez CA.
P. Billecci
 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
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Reserve for filing stamp

RECEIVED
MAR 04 2011

CITY OF MARTINEZ
 CITY CLERK'S OFFICE
 (11-07)

1. Claimant's Name: (PRINT) Rose Hofer
 Address: 6641 Waverly Road, Martinez, CA 94553
 Day Phone: (925) 938-3171 Eve Phone: () same

2. When did the damage or injury occur?
 Month: Sept. Day: 9 Year: 2010 Time: a.m./~~p.m.~~ 10:15 Police Report # 10-3048

3. At which location did the damage or injury occur?
351 Virginia Hills Drive, Martinez, CA 94553

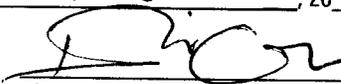
4. a. What happened and why is the City responsible? While walking on sidewalk claimant tripped and fell over raised portion of the sidewalk. City failed to maintain sidewalk in a safe conition for use by pedestrians.

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

5. What damage or injury occurred? Personal injuries including trauma to left side of head, open fracture of left wrist requiring surgery to stabalize three fracture sites with rod and screws; severe damage to ligaments of the left forearm and hand; permanent loss of mobility, and strength in left hand; continuing pain in left hand, wrist and forearm.

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.
Medical care costs exceeding \$55,000; pain and suffering

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 2, 2011, at Oakland 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) Law Office of Eliot Gorson
 Address: 4200 Park Blvd., PMB 273
 City, State, Zip: Oakland, CA 94602
 Daytime Telephone: (510) 325-3827 Evening Telephone: ()



Reserve for filing stamp

CLAIM PRESENTED TO THE CITY OF MARTINEZ
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RECEIVED
MAY 31 2011
CITY OF MARTINEZ
CITY CLERKS OFFICE

1. Claimant's Name: (PRINT) O'Hagan, Kathleen C.
 Address: 1031 Estudillo St. Martinez, CA. 94553
 Day Phone: (X) 925-387-0277 (New) Eve Phone: () Same 94553

2. When did the damage or injury occur?
 Month: 12 Day: 1 Year: 2010 Time: a.m./p.m. (1441) Police Report # 101201070

3. At which location did the damage or injury occur?
825 Ferry Street, Martinez, CA, 94553

4. a. What happened and why is the City responsible? This hole was not caulked, there was no sign or anything to alert me.

b. Name and position of responsible City Employee(s), if known:
City of Martinez, Water Company and or who is responsible for Sidewalk

5. What damage or injury occurred? swollen hand and contusion of the hip & whole left leg. Also right shoulder, and lower back.

6. Claim amount (only if less than \$10,000): \$50,000 or more, pending medical cost
 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 have surgery, with only life and death situation with a 10% chance of living.

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 12/1/2010, 2010 at 1031 Estudillo Street Martinez CA.
Kathleen O'Hagan
 Signature of Claimant or Representative's Signature RO

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: not at this time
 City, State, Zip: _____
 Daytime Telephone: () _____ Evening Telephone: () _____