CITY OF MARTINEZ **CITY COUNCIL AGENDA**
November 2, 2011

TO: Mayor and City Council

FROM: Mercy G. Cabral, Deputy City Clerk

SUBJECT: Rejection of Claim(s)

DATE: October 27, 2011

RECOMMENDATION:

Reject claims against the City by Jocelyn Brown-Davis 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 #11-25

APPROVED BY:
City Manager

Reserve for filing stamp

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

RECEIVED
SEP 15 2011
CITY OF MARTINEZ
CITY CLERK'S OFFICE
(11-25)

1. Claimant's Name: (PRINT) Jocelyn Brown-Davis
Address: 517 Hilton Ave Vallejo CA 94591
Day Phone: work (925) 313-6530 Eve Phone: (707) 373-2652

2. When did the damage or injury occur?
Month: Sept Day: 1 Year: 2011 Time: a.m./p.m. 10:30 AM Police Report # N/A

3. At which location did the damage or injury occur? 946 Veterans Drive

4. a. What happened and why is the City responsible? The side walk is very uneven. I tripped on the sidewalk (946 Veterans Dr.)

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

5. What damage or injury occurred? I've cracked my ribs + fractured my chest also hurt my right knee. The sidewalk is very uneven. I eventually got up + started walking + I heard something pop inside my chest It was immense pain again. I went to Kaiser Walnut Creek emergency on that day + Kaiser Vallejo 9/6 Gail Martinez was walking with me.

6. Claim amount (only if less than $10,000): I will be having on going treatment. Not sure of the amount.
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.
On going treatment. Not sure of the amount

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 Sept 9, 20 11, at Vallejo CA.

Jocelyn Brown-Davis
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: ( )