



**CITY OF MARTINEZ**

**CITY COUNCIL AGENDA  
November 16, 2011**

**TO:** Mayor and City Council  
**FROM:** Mercy G. Cabral, Deputy City Clerk  
**SUBJECT:** Rejection of Claim(s)  
**DATE:** November 9, 2011

**RECOMMENDATION:**

Reject claims against the City by Eric Gomi, #11-27 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 #11-27

**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**  
OCT 21 2011  
CITY OF MARTINEZ  
CITY CLERKS OFFICE  
(11-27)

1. Claimant's Name: (PRINT) ERIC GOMI  
Address: 249 Riverwood Circle, Martinez  
Day Phone: (925) 890-8241 Eve Phone: (925) 890-8241

2. When did the damage or injury occur?  
Month: 06 Day: 04 Year: 11 Time: 9 a.m./p.m. Police Report # N/A

3. At which location did the damage or injury occur?  
Muir Rd, 50 yards from Sweetwater Drive, Martinez

4. a. What happened and why is the City responsible? While driving under speed limit (due to RAIN) UNEVEN PAVEMENT under construction (NO signs) No workers at the time of incident.

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

5. What damage or injury occurred? Immediately after driving over road there was a very strong smell of oil burning, oil light on instrument panel went on, I stopped car. Oil pan under the car was damaged, releasing all oil fluid. Car was non-driveable, called towing service

6. Claim amount (only if less than \$10,000): \$ 3,000  
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.  
( see attached )

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 September 13, 2011 at Martinez, CA.

Eric Gomi  
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: ( ) \_\_\_\_\_