



**CITY OF MARTINEZ**

**CITY COUNCIL AGENDA  
December 7, 2011**

**TO:** Mayor and City Council  
**FROM:** Mercy G. Cabral, Deputy City Clerk  
**SUBJECT:** Rejection of Claim(s)  
**DATE:** December 1, 2011

**RECOMMENDATION:**

Reject claims against the City by William Stephens and Timothy Davis, 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 ordering that the claimants be notified of rejection.

Attachment: Claims #11-23 and #11-30

**APPROVED BY:**



City Manager



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

**RECEIVED**  
AUG 09 2011

CITY OF MARTINEZ  
CITY CLERKS OFFICE

(11-23)

1. Claimant's Name: (PRINT) William Stephens  
 Address: 1414 Date St., Martinez, CA 94553  
 Day Phone: (925) 370-3707 Eve Phone: ( ) same

2. When did the damage or injury occur?  
 Month: March Day: 11 Year: 2011 Time: ~~1:40~~ 4:40 p.m. Police Report # 11-731

3. At which location did the damage or injury occur?  
The sidewalk adjacent to 2005 Scenic Ave., Martinez, CA

4. a. What happened and why is the City responsible? Claimant fell after stepping on an unstable water meter cover in the sidewalk. The City was aware that the housing was broken and needed to be replaced.

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

5. What damage or injury occurred? Injuries known include abrasions to both hands, knees; ligament tear to left wrist, unknown injury to right wrist, general damages and medical expenses according to proof.

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) over \$25,000

7. How did you arrive at the amount claimed? Please attach documentation.  
The full extent of damages are unknown, but Claimant may require surgery in the future.

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 8, 2011, at Martinez CA.

*Paul D. Hiles*  
 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) Paul D. Hiles, Esq.  
 Address: 706 Main St., Suite A  
 City, State, Zip: Martinez, CA 94553  
 Daytime Telephone: (925) 372-5600 Evening Telephone: ( ) same



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

Reserve for filing stamp

**RECEIVED**  
NOV 17 2011

CITY OF MARTINEZ  
CITY CLERK'S OFFICE

(11-30)

1. Claimant's Name: (PRINT) Timothy Davis  
 Address: 340 N. CIVIC Dr #504 Walnut Creek CA  
 Day Phone: (925) 705-5331 Eve Phone: ( ) 94596

2. When did the damage or injury occur?  
 Month: 11 Day: 10 Year: 2011 Time: (No.m) 10:00 Police Report # \_\_\_\_\_

3. At which location did the damage or injury occur? 735 Escobar St, Martinez

4. a. What happened and why is the City responsible? Automobile Mirror on <sup>Passenger</sup> ~~Driver~~ Side  
Damage From Tree <sup>to</sup> Extending IN Road way

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

5. What damage or injury occurred? Passenger <sup>side</sup> Rear View Mirror Paint Scrap

6. Claim amount (only if less than \$10,000): 243.68  
 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 November 15, 2011, 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: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Daytime Telephone: ( ) \_\_\_\_\_ Evening Telephone: ( ) \_\_\_\_\_