



CITY OF MARTINEZ

**CITY COUNCIL AGENDA
April 4, 2012**

TO: Mayor and City Council
FROM: Sandra Chapek, Deputy City Clerk Pro Tem
SUBJECT: Rejection of Claim(s)
DATE: March 28, 2012

RECOMMENDATION:

Reject claims against the City by Caroline Hiner 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 ordering that the claimant be notified of rejection.

Attachment: Claim #12-01

APPROVED BY:



City Manager

DF 05-B454-038

Reserve for filing stamp



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

RECEIVED
JAN 09 2012

CITY OF MARTINEZ
CITY CLERKS OFFICE

(12-01)

1. Claimant's Name: (PRINT) Caroline Hiner
 Address: 7 Benita Way
 Day Phone: () Eve Phone: (1925-370-6390)

2. When did the damage or injury occur?
 Month: 9 Day: 28 Year: 2011 Time: a.m./p.m. (4:00) Police Report # NO

3. At which location did the damage or injury occur? Blum Way

4. a. What happened and why is the City responsible? our insured was instructed to drive wet Asphalt by City worker

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

5. What damage or injury occurred? Brakes and Tire damaged

6. Claim amount (only if less than \$10,000): 235.40
 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.
Invoices

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 Dec 21, 2011 at Bloomington IL 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)
 Address: State Farm Insurance
 City, State, Zip: PO Box 2371 Bloomington, IL 61702
 Daytime Telephone: (877) 457-8276 Evening Telephone: () _____

TEAM 60

05-B454-038