



CITY OF MARTINEZ

**CITY COUNCIL AGENDA
November 14, 2012**

TO: Mayor and City Council
FROM: Mercy G. Cabral, Deputy City Clerk
SUBJECT: Rejection of Claim(s)
DATE: November 5, 2012

RECOMMENDATION:

Reject claim(s) against the City by Maureen Parks, Claim #12-24, 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(s) against the City and ordering that the claimant be notified of rejection.

Attachment: Claim(s) #12-24

APPROVED BY:


City Manager



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

Reserve for filing stamp

RECEIVED
 OCT 2 2012

CITY OF MARTINEZ
 CITY CLERK'S OFFICE

(12-24)

1. Claimant's Name: (PRINT) Maureen Parkes
 Address: 1286 Sherwood Dr, Concord, CA 94521
 Day Phone: (925) 674-7831 Eve Phone: (925) 818-1780

2. When did the damage or injury occur?
 Month: 4 Day: 19 Year: 2012 Time: a.m./p.m. 4:15 Police Report # _____

3. At which location did the damage or injury occur?
7 Muir Rd, Martinez (sidewalk in front of Burger King)

4. a. What happened and why is the City responsible? Ms. Parkes was walking on the sidewalk, which is uneven. Ms. Parkes tripped on the uneven sidewalk and fell. Burger King's insurance (Allied) has denied the claim.
 b. Name and position of responsible City Employee(s), if known: _____

5. What damage or injury occurred? Ms. Parkes suffered a sprained right ankle

6. Claim amount (only if less than \$10,000): \$800.57
 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 treatment and temporary disability benefits provided. Payments 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 _____, 20____, at _____ 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) Sarah Schaublatz, Claims Examiner, Contra Costa Co. (Workers' Comp)
 Address: 2530 Arnold Dr., Suite 140
 City, State, Zip: Martinez, CA 94553
 Daytime Telephone: (925) 335-1429 Evening Telephone: () _____