



CITY OF MARTINEZ

**CITY COUNCIL AGENDA
January 16, 2012**

TO: Mayor and City Council
FROM: Sandra Chapek, Deputy City Clerk Pro Tem
SUBJECT: Rejection of Claim(s)
DATE: January 9, 2013

RECOMMENDATION:

Reject claim(s) against the City by Roberto Roman/Contra Costa County, Claim #12-29, and Michele Skinner, Claim #12-21, 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 the claim against the City and order that the claimants be notified.

Attachment: Claim(s) #12-29 and #12-21

APPROVED BY:


City Manager



Municipal Pooling Authority
of Northern California

RECEIVED
JAN 03 2013



CITY OF MARTINEZ
CITY CLERK'S OFFICE

(12-29)

December 21, 2012

Mercy Cabral
City of Martinez
525 Henrietta Street
Martinez, CA 94553

RE: CLAIMANT: Roberto Roman/Contra Costa County
CLAIM NO.: GL-010777
OUR PRINCIPAL: City of Martinez
DATE OF LOSS: 06/06/12

Dear Ms. Cabral:

This letter will serve as my initial report concerning this claim.

REQUEST FOR CITY ACTION:

Please issue a notice of rejection of this claim and forward a copy for my file.

DESCRIPTION OF INCIDENT:

DEPARTMENT INVOLVED:

Public Works

DATE, TIME, AND PLACE OF INCIDENT:

This incident occurred on June 6, 2012 on Berrellessa near the corner of Green Street in Martinez California.

FACTS OF INCIDENT:

Roberto Roman, who is an employee of Contra Costa County, alleges he tripped, fell and injured himself as a result of a defect in the sidewalk. The County, through an attorney office, has filed a claim for reimbursement for costs incurred as a result of a workmans compensation claim that was filed as a result of this incident.



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

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SEP 13 2012

CITY OF MARTINEZ
CITY CLERKS OFFICE

(12-21)

1. Claimant's Name: (PRINT) Michelle Skinner
Address: 42 EmShee Lane - MARTINEZ, CA 94553
Day Phone: (925) 305-6889 Eve Phone: () Same

2. When did the damage or injury occur?
Month: 9 Day: 12 Year: 2012 Time: Between 10am - 430pm a.m./p.m. ?am/pm Police Report # NO

3. At which location did the damage or injury occur?
City parking corner of Ferris and Escobar 10 hr. parking

4. a. What happened and why is the City responsible? When I got to my car after work at Mary's got into my Tahoe and noticed my windshield was broken. Looked around outside and saw a large green piece come by my front passenger wheel, broken enough to be replaced.

b. Name and position of responsible City Employee(s), if known: Because I park and pay a meter to work downtown.

5. What damage or injury occurred? Broken windshield

6. Claim amount (only if less than \$10,000): I don't know yet
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 Sept 13, 2012, at Martinez CA.
Michelle Skinner
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: () _____