



**CITY OF MARTINEZ**

**CITY COUNCIL AGENDA  
February 6, 2013**

**TO:** Mayor and City Council  
**FROM:** Mercy G. Cabral, Deputy City Clerk  
**SUBJECT:** Rejection of Claim(s)  
**DATE:** January 31, 2013

**RECOMMENDATION:**

Reject claim(s) against the City by Alex Mauricio, #13-0, 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 the claim against the City and order that the claimants be notified.

Attachment: Claim(s) #13-01

**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**  
 JAN 08 2013  
 CITY OF MARTINEZ  
 CITY CLERK'S OFFICE  
 (13-01)

Advised by insurance police report was not necessary for a city vehicle rather to just get estimate and submit.

1. Claimant's Name: (PRINT) Alex Mauricio  
 Address: 3730 Brookside Dr  
 Day Phone: ( ) Same Eve Phone: ( ) 925 628 7535

2. When did the damage or injury occur?  
 Month: Nov Day: 21 Year: 2012 Time: (a.m.) p.m. 8-10 AM Police Report #

3. At which location did the damage or injury occur?  
In front of primary residence.

4. a. What happened and why is the City responsible? Street sweeper hit my parked car in front of my home. Street sweeper continued to drive off after I saw them hit my car.  
 b. Name and position of responsible City Employee(s), if known:  
A.M. Street sweeper

5. What damage or injury occurred?  
The sweeper hit the driver side front wheel cover and progressed all the way down side of car. Biggest damage was to driver door with big indent and passenger door, rear.

6. Claim amount (only if less than \$10,000): \$ 2,346.73  
 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.  
Estimate done by Mike's Auto Body (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 January 7, 2013 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: ( )