



CITY OF MARTINEZ

**CITY COUNCIL AGENDA
March 6, 2013**

TO: Mayor and City Council
FROM: Mercy G. Cabral, Deputy City Clerk
SUBJECT: Rejection of Claim(s)
DATE: February 28, 2013

RECOMMENDATION:

Reject claim(s) against the City by Sandy Scott, #13-02, 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) #13-02

APPROVED BY:

City Manager

The signature is a cursive, blue-inked name, likely "M. Cabral", written over a light blue circular stamp. Below the signature, the words "City Manager" are printed in a standard black font.



Reserve for filing stamp

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

RECEIVED
FEB 11 2013

CITY OF MARTINEZ
CITY CLERK'S OFFICE

(13-02)

1. Claimant's Name: (PRINT) Sandy Scott
 Address: 766 Shell Ave. #10
 Day Phone: (925) 812-1759 Eve Phone: ()

2. When did the damage or injury occur?
 Month: 2 Day: 8 Year: 2013 Time: a.m./p.m. 5:55p Police Report # _____

3. At which location did the damage or injury occur?
Ward and Ferry St.

4. a. What happened and why is the City responsible? Very jagged curb on Ward St. ripped hole in son's tire!

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

5. What damage or injury occurred? Hole in tire that cost \$98. to fix

6. Claim amount (only if less than \$10,000): \$ 98.05
 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.
Cost of tire

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 2-11-2013, at Martinez, CA.
Sandy Scott
 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: () _____