



**CITY OF MARTINEZ**

**CITY COUNCIL AGENDA  
June 19, 2013**

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

**RECOMMENDATION:**

Reject claim(s) against the City by Kemper Service Group for Jennifer Kling, #13-13V, 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(s) against the City and order that the claimant(s) be notified.

Attachment: Claim #13-13V

**APPROVED BY:**

  
City Manager



Kemper Services Group

4/29/2013

CITY CLERK, CITY OF MARTINEZ  
ATTN: CITY CLERK  
525 HENRIETTA ST  
MARTINEZ, CA 94553

In Reply Please Refer To  
Kemper Claim Number: C025061CA13  
Kemper Insured: JENNIFER KLING  
Date of Loss: 4/11/2013

Repair Invoice: \$ 1,466.21  
Rental:  
Towing and Storage:

Deductible: \$ 500.00  
Total Demand: \$ 1,966.21  
Medical pending:  
Your Insured: JOHN YERINA - CITY OF MARTINEZ  
Your Claim Number: POLICE REPORT: 13-1013

We have been notified that you are the liability carrier for the person who is responsible for this accident. The damages paid in the accident are shown above. We have also attached documentation to support our claim.

Since your insured was the proximate cause of this accident, we are hereby requesting reimbursement of the damages. Please make your check or draft payable to: Kemper Services Group as Subrogee of our insured and mail your payment to:

Kemper Services Group  
PO Box 660069  
Dallas, TX 75266

The payment should be for the Total Demand amount referenced above. If you have already made settlement with our insured please advise us immediately. If you would like to discuss this claim please feel free to contact me. Thank you.

Sincerely,

Kemper Independence  
Recovery Team  
Subrogation Specialist



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

Reserve for filing stamp

**RECEIVED**  
 MAY 3 2013

CITY OF MARTINEZ  
 CITY CLERKS OFFICE

(13-13V)  
 GL-010923

1. Claimant's Name: (PRINT) <u>Jennifer Kling</u> Address: <u>Kemper Insurance: PO Box 1660069 Dallas, TX 75266</u> Day Phone: (214) <u>210-2873</u> Eve Phone: ( )
2. When did the damage or injury occur? Month: <u>April</u> Day: <u>11</u> Year: <u>2013</u> Time (a.m./p.m.): <u>11:40</u> Police Report # <u>13-1013</u>
3. At which location did the damage or injury occur? <u>Trailview circle Martinez, CA 94553</u>
4. a. What happened and why is the City responsible? <u>Street sweeping vehicle pulled out from behind a parked vehicle. Sweeping mechanism collided with our insured's vehicle as they were driving down the road.</u> b. Name and position of responsible City Employee(s), if known: <u>John Yerina - driver</u>
5. What damage or injury occurred? <u>Passenger rear quarter panel / Passenger front door scratched and dented</u>
6. Claim amount (only if less than \$10,000): <u>\$1,966.21</u> If the amount exceeds \$10,000, please check (X) the court of appropriate jurisdiction: <input type="checkbox"/> Municipal Court (claims up to \$25,000) <input type="checkbox"/> Superior Court (claims over \$25,000)
7. How did you arrive at the amount claimed? Please attach documentation. <u>Estimate from appraiser</u>
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 <u>April 29</u> , 20 <u>13</u> at <u>Dallas, TX</u> CA. <u>Charlotte Boren</u> 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) <u>Charlotte Boren - Subro specialist</u> Address: <u>PO Box 1660069</u> City, State, Zip: <u>Dallas, TX 75266</u> Daytime Telephone: (214) <u>210-2873</u> Evening Telephone: ( ) _____