

DATE SUBMITTED 05/24/2024
 SUBMITTED BY Kristen Smith
 DATE ACTION REQUIRED 06/05/2024

COUNCIL ACTION (X)
 PUBLIC HEARING REQUIRED ()
 RESOLUTION ()
 ORDINANCE 1ST READING ()
 ORDINANCE 2ND READING ()
 CITY CLERK'S INITIALS ()

**IMPERIAL CITY COUNCIL
 AGENDA ITEM**

SUBJECT: DISCUSSION/ACTION:
 1. Authorization to reject claim CW File Number CJP-3051542 WRV as recommended by Carl Warren & Company.
 DEPARTMENT INVOLVED: Human Resources

BACKGROUND/SUMMARY:
 Recommendation from Carl Warren & Company to reject claim CW File Number CJP-3051542 WRV submitted by Andrew Baelos on May 13, 2024.

FISCAL IMPACT: NOT TO EXCEED
 There is no fiscal impact associated with this action.

FINANCE INITIALS JM

STAFF RECOMMENDATION:
 Staff recommends approval to reject claim.

DEPT. INITIALS KWS

MANAGER'S RECOMMENDATION: Approve Staff Recommendation

CITY MANAGER'S INITIALS DM

MOTION:

 SECONDED: APPROVED () REJECTED ()
 AYES: DISAPPROVED () DEFERRED ()
 NAYES:
 ABSENT: REFERRED TO:

Rejection of Claim – Andrew Baelos

Claim for Damages against a Governmental Entity

A complete copy of the Claim for Damages has been included with the agenda packets distributed to members of the Imperial City Council. It has not been included with the online agenda packet. A complete copy of this agenda item is available for review in the City Clerk's Office located at 420 S. Imperial Avenue, Imperial, CA.

CLAIM FOR DAMAGE OR INJURY AGAINST THE CITY OF IMPERIAL, CALIFORNIA



Claims for death, injury to person, or to personal property must be filed not later than six months after the occurrence. (Gov. Code, Sec. 911.2)

Claims for damages to real property must be filed not later than 1 year after the occurrence. (Gov. Code, Sec. 911.2)

TO: City of Imperial
420 So. Imperial Ave.
Imperial, CA 92251

Andrew P Baelos	Imperial CA	92251		42
Name of Claimant	Address	Zip	Phone	Age

Address to which Claimant wishes notices sent

WHEN did damage or injury occur? Car alignment damage on 12 of May 2024 approx 05:59pm.

WHERE did damage or injury occur? Intersection of Murray Rd and Western Ave in Imperial.

HOW and under what circumstances did damage or injury occur? As I was driving South bound on Western Ave, I did not see the large pothole was difficult to see because of the shade being casted from the trees to the right. At the last second I saw the pothole but it was too late and I hit the hole. I thought I had punctured the right front tire but luckily, no damage was done to the tire. Unfortunately, immediately I noticed my car began to drift to the right. I drive a 2010 Hyundai Sonata, white in color. On 05/13/2024, I took my car to see if there was any damage to the suspension. The mechanic said all I needed was an alignment. I paid \$95 for the repair.

WHAT particular action by the City, or its employees, caused the alleged damage or injury? (Include Names of Employees, if known)

Large pothole at the intersection. As I was taking pictures, a driver stop to ask if I hit the pothole and told him yes. He advised me that he drives down that road daily and said that that pothole has been there for weeks. That driver is Baltazar Valenzuela 760-879-4446.

WHAT sum do you claim? Include the estimated amount of any prospective loss, insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed: (Attach estimates or bills, if possible)

Alignment completed with Valley Tire & Wheels Xperts.
 \$ 95.00
 \$ _____
 \$ _____ Total Amount Claimed \$ 95.00

NAMES and addresses of witnesses, Doctors and Hospitals:

Jadira Banuelos - J
Andrew Ramirez Banuelos -
Baltazar Valenzuela - I

 Signature of Claimant

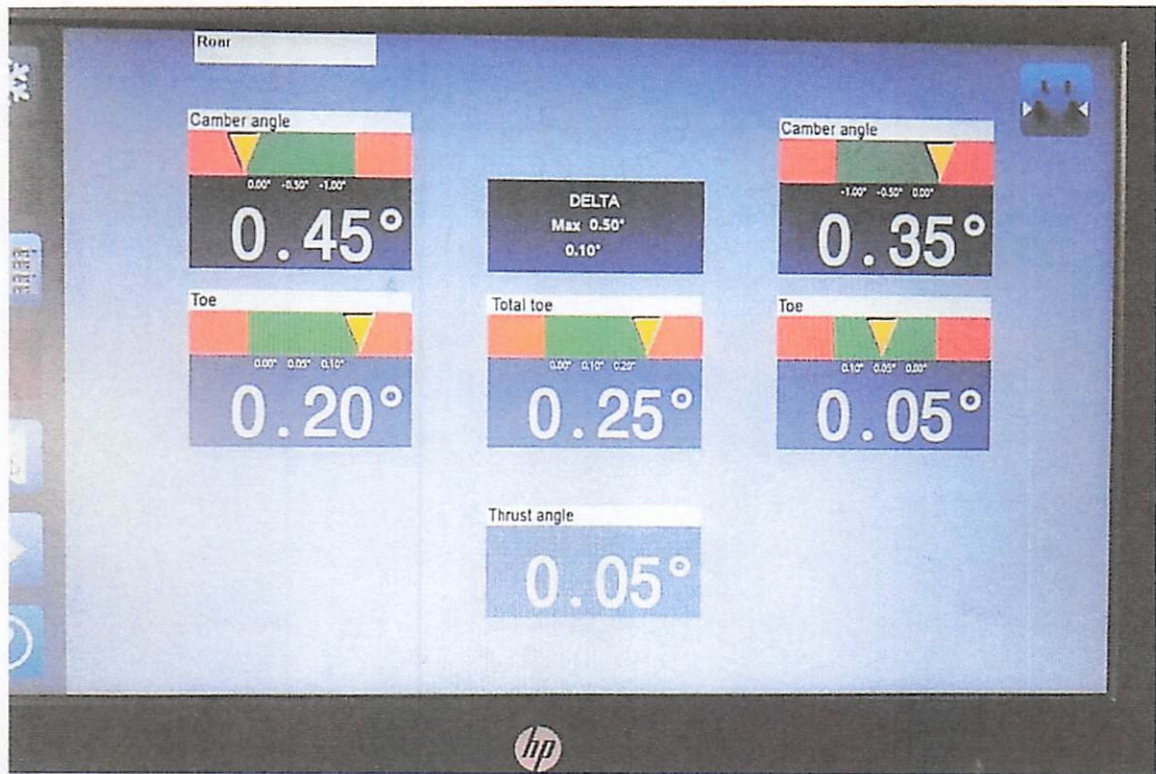
05/13/2024

 Date

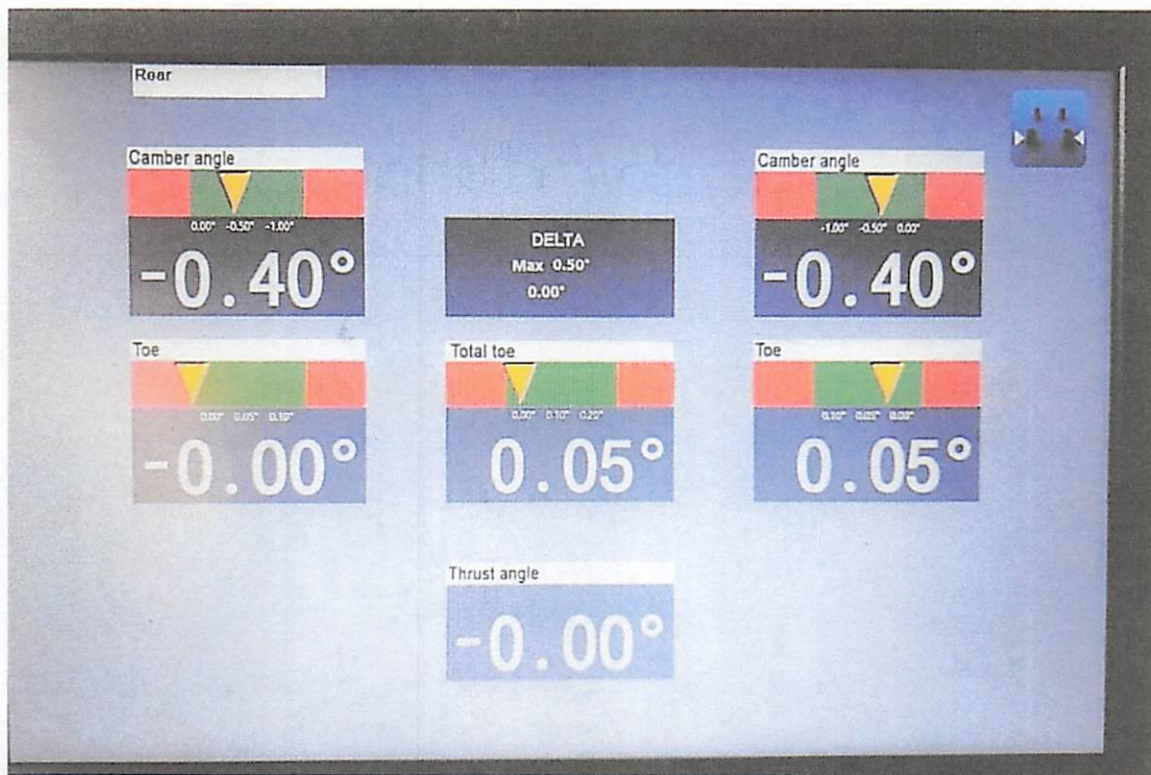








Front/Rear before



Front/Rear After

**VALLEY TIRE & WHEELS
XPERTS**

717 SOUTH 4TH STREET
EL CENTRO, CA 92243

(760) 353-3118 FAX: (760) 383-3000

MATERIAL: ALL PARTS NEW UNLESS SPECIFIED: U-USED, R-REBUILT, RC-RECONDITIONED

NAME <i>Andrew Bayne</i>	PHONE
ADDRESS	
CITY, STATE, ZIP <i>Imperial CA 92251</i>	
2ND AUTHORIZED NAME	PHONE

QTY.	PART NO.	NAME OF PART	PRICE	WARRANTY Y/R	CUSTOMER'S INFORMATION			
					RECEIVED (DATE & TIME) <i>5-13-24</i>	A.M. P.M.	CUSTOMER'S ORDER NO.	PROMISED (DATE & TIME) <i>5-13-24</i>
					YEAR • MAKE • MODEL <i>2010 HONDA SCOUT</i>		SERIAL #/VIN	
					LICENSE NO.	ODOMETER	MOTOR #	
					<input type="checkbox"/> LUBE <input type="checkbox"/> OIL CHANGE <input type="checkbox"/> FLUSH TRANS. <input type="checkbox"/> FLUSH DIFF. <input type="checkbox"/> WASH <input type="checkbox"/> POLISH		WRITTEN BY	
					CHARGE FOR HAZARDOUS OR OTHER WASTE REMOVAL*			
					<i>ALUMINUM ————— 95.00</i>			
TOTAL PARTS								
MECHANICS RECOMMENDATIONS					METHOD OF PAYMENT:		LABOR ONLY	
					<input type="checkbox"/> CHECK <input type="checkbox"/> CHARGE <input type="checkbox"/> CASH		PARTS	
					LABOR		ACCESSORIES	
					<input type="checkbox"/> FLAT RATE <input type="checkbox"/> HOURLY <input type="checkbox"/> BOTH		GAS, OIL & GREASE	
					GUARANTEED ITEM(S)		MISC. MERCHANDISE	
					GUARANTEE EFFECTIVE UNTIL:		SUBLET REPAIRS	
					<input type="checkbox"/> RETAIN PARTS <input type="checkbox"/> DESTROY PARTS		STORAGE FEE	
					AUTHORIZED BY <i>[Signature]</i>		TAX	
							TOTAL ▶ 95.00	

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:
I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE,
INCLUDING A COMPLETION DATE, IF MY FINAL BILL WILL EXCEED \$100. (\$50 in MD)

- I REQUEST A WRITTEN ESTIMATE. THE FINAL BILL MAY NOT EXCEED THIS ESTIMATE WITHOUT MY WRITTEN APPROVAL.
- I DO NOT REQUEST A WRITTEN ESTIMATE, AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$_____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.
- I DO NOT REQUEST A WRITTEN ESTIMATE.

*Checked lines apply (Preparer must check at least one):
 This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.
 This amount includes a charge of \$_____, which is required under _____ law.

You are entitled by law to the return of all parts replaced, except those for which there is a core charge, unless you agree otherwise by initialing the following: _____ I do not desire the return of any of the parts that are replaced during the authorized repairs.

Estimate good for 30 days. Not responsible for damage caused by theft, fire, or acts of nature. I authorize the above repairs, along with any necessary materials. I authorize you and your employees to operate my vehicle for the purpose of testing, inspection, and delivery at my risk. An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of the repairs thereto. If I cancel repairs prior to their completion for any reason, a tear-down and reassembly fee of \$_____ will be applied.

SIGNED _____
DATE _____

RECEIVED

MAY 13 —

Initial: _____

VP