

DATE SUBMITTED 12/30/2025  
 SUBMITTED BY Human Resources  
 DATE ACTION REQUIRED 01/07/2026

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

**IMPERIAL CITY COUNCIL  
 AGENDA ITEM**

SUBJECT:	DISCUSSION/ACTION: 1. Authorization to reject claim CW File Number CJP-3052942 as recommended by Carl Warren & Company.		
DEPARTMENT INVOLVED: Human Resources			
BACKGROUND/SUMMARY: Recommendation from Carl Warren & Company to reject claim CW File Number CJP-3052942 submitted by Diana Islas on December 3, 2024.			
FISCAL IMPACT: NOT TO EXCEED There is no fiscal impact associated with this action.	FINANCE INITIALS	<u>JMS</u>	
STAFF RECOMMENDATION: Staff recommends approval to reject claim.	DEPT. INITIALS	<u>KWS</u>	
MANAGER'S RECOMMENDATION: Approve Staff Recommendation	CITY MANAGER'S INITIALS	<u>OTM</u>	
MOTION:			
SECONDED:	APPROVED ( )	REJECTED ( )	
AYES:	DISAPPROVED ( )	DEFERRED ( )	
NAYES:	REFERRED TO:		
ABSENT:			



**CARL WARREN & COMPANY**  
Claims Management and Solutions

A  **VENBROOK** Company

December 30, 2025

TO: City of Imperial  
ATTENTION: Risk Management

RE:

Claimant	:	Diana Islas
Date of Event	:	December 3, 2024
Claim Number	:	CJP-3052942

Please allow this correspondence to acknowledge receipt of the captioned claim. Please take the following action:

- **CLAIM REJECTION: Send a standard rejection letter to Diana Islas's counsel.**

Please include a Proof of Mailing with your rejection notice to the claimant. Please provide us with a copy of the Notice of Rejection and copy of the Proof of Mailing. If you have any questions feel free to contact the assigned adjuster or the undersigned supervisor.

Very Truly Yours,

*Allison Shepard*

Allison Shepard  
Senior Claims Examiner  
Carl Warren & Company, LLC | A Venbrook Company



10200 Culver Blvd  
Culver City, CA 90232  
Telephone 310.858.1818  
Facsimile 310.858.1815

December 6, 2024

**VIA US CERTIFIED MAIL: 9589 0710 5270 2338 227552**

Attn: City Clerk's Office  
City of Imperial  
420 S Imperial Ave  
Imperial, CA 92251

**1<sup>st</sup> NOTICE**

RE: Accident of December 3, 2024

Our Client : Diana Shenoa Atilano Islas  
Your Driver : Unknown  
Your Vehicle : Imperial Police Department Patrol Car  
License Plate : 1603162  
Location of Loss : Clark Rd & W Aten Rd, Imperial, CA 92251  
Time of Accident : 3:51 PM

Dear Defendants:

Please be advised that our office represents the above-mentioned client(s) for her property damage and injuries resulting from the said accident.

Our file reflects that you are the event planner for the above mentioned. As you may be aware, California law requires all vehicles to carry **Liability Insurance**. **As such, please complete the enclosed insurance information form and return it to our office within (10) days from the date of this letter.** Failure to respond within the given time will force us to proceed to enforce our client's rights.

Thank you for your attention. I look forward to hear from you. Please call me if you have any questions.

Most Sincerely,



Carmen Ortiz-Duran  
JAVAHERIAN & RUSZECKI, P.C.

Enclosed: Claim for Damages or Injury Against the City of Imperial, California form.

**INSURANCE INFORMATION**

**Drivers Information:**

Name of Insurance Co.: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Owner's Information:**

Name of Insurance Co.: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Contact Number: \_\_\_\_\_

*\*I declare under the penalty of perjury that the above statement is true and correct to the best of my knowledge and belief.*

Dated: \_\_\_\_\_

Signature : \_\_\_\_\_

Print Name: \_\_\_\_\_

**DECLARATION OF NON-INSURANCE**

I am the driver or registered owner of a vehicle that was involved in an accident on \_\_\_\_\_, 2024 at the time of the accident; I declare that I did not have liability Insurance. I declare under the penalty of perjury that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2024 at \_\_\_\_\_, California.

Signature : \_\_\_\_\_

Print Name: \_\_\_\_\_

# 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

DIANA SHENOVA ATILANO ISLAS	92251			
Name of Claimant	Address	Zip	Phone	Age

Address to which Claimant wishes notices sent \_\_\_\_\_

WHEN did damage or injury occur? 12/03/2024

WHERE did damage or injury occur? 12/03/2024

HOW and under what circumstances did damage or injury occur? DIANA WAS TRAVELING NORTHBOUND ON CLARK RD WHEN SHE WAS REAR ENDED BY THE IMPERIAL CITY PATROL CAR. THERE WAS NO SIRENS IN USE, OFFICER MENTIONED HE DID NOT SEE HER.

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

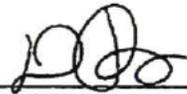
REAR ENDED BY IMPERIAL PATROL CAR CAUSING BODILY INJURY

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)

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_ Total Amount Claimed \$ \_\_\_\_\_

NAMES and addresses of witnesses, Doctors and Hospitals:

This information is pending and will be provided upon received.

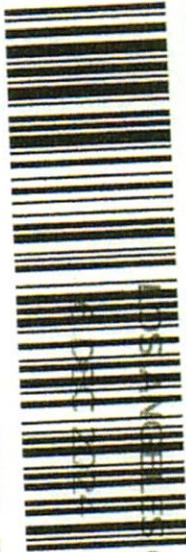
  
\_\_\_\_\_  
Signature of Claimant

12/06/2024  
\_\_\_\_\_  
Date



JAVAHERIAN & RUSZECKI, PC  
 10200 CULVER BLVD.  
 CULVER CITY, CA 90232

**CERTIFIED MAIL**



9589 0710 5270 2338 2275 52

CA 900  
 PM 12 L

*Attn: City Clerk's Office  
 City of Imperial  
 420 S Imperial Ave  
 Imperial, CA 92251*

92251-169720

