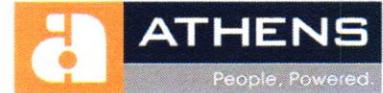


DATE SUBMITTED 02/11/2026  
 SUBMITTED BY Human Resources  
 DATE ACTION REQUIRED 02/18/2026

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 Athens File Number CJP-3055909 as recommended by Athens.	
DEPARTMENT INVOLVED: Human Resources	
BACKGROUND/SUMMARY: Recommendation from Athens to reject claim Athens File Number CJP-3055909 submitted by Magdaleno Gomez on January 29, 2026.	
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>ATM</u>
MOTION:	
SECONDED: AYES: NAYES: ABSENT:	APPROVED ( )      REJECTED ( ) DISAPPROVED ( )      DEFERRED ( ) REFERRED TO:



February 6, 2026

TO: City of Imperial

ATTENTION: Alyssa Ferrell, Kristen Smith

### **RECOMMENDATION TO REJECT**

RE:

Claimant:	Magdaleno Gomez
Our Client:	City of Imperial
Date of Loss:	01-29-2026
Our File Number:	CJP-3055909

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

❖ **CLAIM REJECTION:** Send a standard rejection letter to the claimant.

Please include proof of mailing with your rejection notice to the claimant. Please provide us with a copy of the city's notice of rejection and a copy of the proof of mailing. If you have any questions, please feel free to contact the assigned adjuster or the undersigned claims specialist.

Janice Bartlett  
Claims Examiner II Property & Casualty  
**Athens Program Insurance Services, LLC**  
p: 714.912.0242 | f: 1714.464.4465  
e: [jbartlett@athensadmin.com](mailto:jbartlett@athensadmin.com) | w: [www.athensadmin.com](http://www.athensadmin.com)  
Athens Program Insurance Services CA License No.: 2L60159



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

Magdaleno Gomez
Name of Claimant Address Zip 92243 Phone Age

SCIME
Address to which Claimant wishes notices sent

WHEN did damage or injury occur? Thurs. Jan. 29, 2026

WHERE did damage or injury occur? Going south on Highway 86

HOW and under what circumstances did damage or injury occur? approximately time 8:15 AM in front of Toyota auto dealer one of your employees using a STIHL weed eater on loose rocks (or pebbles) - the action of the machine force hitting these pebbles hit my front windshield. Employee was wearing a yellow and orange vest.

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

one of your crew workers using Stihl weed eater with a pebble. Hit my rear front windshield

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 \$ 400.00

NAMES and addresses of witnesses, Doctors and Hospitals:

Magdaleno Gomez
Signature of Claimant

Jan. 29, 2026
Date