

DATE SUBMITTED 02/24/2026
 SUBMITTED BY Human Resources
 DATE ACTION REQUIRED 03/04/2026

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

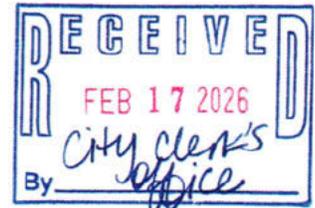
**IMPERIAL CITY COUNCIL
 AGENDA ITEM**

SUBJECT: DISCUSSION/ACTION: 1. Authorization to return claim Athens File Number CJP-3056049 AWW as recommended by Athens.	
DEPARTMENT INVOLVED: Human Resources	
BACKGROUND/SUMMARY: Recommendation from Athens to return claims letter to the claimant for filing beyond six months. Athens File Number CJP-3056049 AWW submitted by State Farm Mutual Insurance Company on February 17, 2026.	
FISCAL IMPACT: NOT TO EXCEED There is no fiscal impact associated with this action.	FINANCE INITIALS <u>RA</u>
STAFF RECOMMENDATION: Staff recommends approval to return claims letter to the claimant for filing beyond six months.	DEPT. INITIALS <u>KWS</u>
MANAGER'S RECOMMENDATION: Approve Staff Recommendation	CITY MANAGER'S INITIALS <u>JHM</u>
MOTION:	
SECONDED: AYES: NAYES: ABSENT:	APPROVED () REJECTED () DISAPPROVED () DEFERRED () REFERRED TO:

February 2, 2026

CITY OF IMPERIAL
420 S IMPERIAL AVE
IMPERIAL, CA, 92251-1637

Subrogation Services
PO Box 106172
Atlanta GA 30348-6172



RE: Claim Number:
Our Insured: Araceli Gomez
Date of Loss: August 8, 2025
Your Insured: City Of Imperial
Your Policy Number:
Your Claim Number:

To whom it may concern::

Please advise the status of our subrogation claim.

Your prompt reply will be appreciated.

If you have questions or need assistance, call me at (877) 787-8276 Ext. 2442.

55-88S3-31T
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February 2, 2026

Sincerely,

Doug Worley
Claim Specialist
(877) 787-8276 Ext. 2442
Fax: (866) 231-9276

statefarmclaims@statefarm.com

For your protection, when emailing State Farm, please do not include sensitive personal information such as Social Security Number, credit/debit card number (financial account number), driver's license number, or health/medical information in an email. Please contact us at (877) 787-8276 Ext. 2442 to discuss sensitive information.

State Farm Mutual Automobile Insurance Company

Other insurance carriers with access to st8.fm/oic-self-service can check for claims and review claim status online, including some payment details such as issue date, status, and amount. They can also view principal damage information and upload documents for an open claim. All insurance carriers can file an auto claim online on statefarm.com/claims.

CLAIM FOR DAMAGE OR INJURY

1. 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)
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

CITY OF IMPERIAL
420 S. IMPERIAL AVE.
IMPERIAL, CA 92251

State Farm Mutual Automobile Ins Co a/s/o RICARDO GOMEZ

877-787-8276 n/a

Name of Claimant	Address	Zip	Phone	Age
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PO Box 106172, Atlanta, GA 30348

Address to which Claimant wishes notices sent

WHEN did damage or injury occur? 8/8/2025

WHERE did damage or injury occur? Bougainvillea Trl

HOW and under what circumstances did damage or injury occur?

City of Imperial vehicle being driven by Andres Comjo struck insured vehicle being driven by a different driver, Arely Gomez.

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

Improper lookout

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)

\$

Property damage \$1,760.255 + insured deductible \$500.00 = \$ 2,260.26

\$

Total Amount Claimed \$ 2,260.26

NAMES and addresses of witnesses, Doctors and Hospitals:

n/a

Pat Nguyen State Farm Mutual Automobile
Signature of Claimant Ins Co a/s/o RICARDO GOMEZ

12/17/2025

Date

December 17, 2025

City Of Imperial
420 S Imperial Ave
Imperial CA 92251-1637

Subrogation Services
PO Box 106172
Atlanta GA 30348-6172

RE: Claim Number:
Our Insured: Ricardo Gomez
Date of Loss: August 8, 2025
Your Insured: City Of Imperial
Your Insured Driver: Andres Cornejo
Loss Location: Bougainvillea Trl, Imperial, CA

To Whom It May Concern:

Facts of Loss:

City of Imperial vehicle being driven by Andres Cornjo struck insured vehicle being driven by a different driver, Arely Gomez

It is our understanding that you are self insured. Our investigation indicates you are responsible for this claim. Therefore, we are seeking recovery from you. This letter is to notify you of our subrogation claim and request your cooperation in settling this matter.

To assist you in your review, here is a breakdown of the amounts State Farm[®] paid by Cause of Loss:

041/045 - Uninsured Motorist BI	\$
042 - Uninsured Motorist PD	\$
300 series/400 - Comp/Collision	\$3,520.51
501 - Rental/Loss of Use	\$
600-050 - Med Pay/PIP	\$
Other	\$
Salvage Recovery	\$
Amount State Farm Paid	\$3,520.51
Insured Deductible	\$1,000.00
Total Claim Amount	\$4,520.51

Based on the assessment of liability between the parties, State Farm Mutual Automobile Insurance Company is seeking 50% of the Total Claim Amount listed above. The amount payable to State Farm Mutual Automobile Insurance Company for this loss is \$2,260.26.

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December 17, 2025

Please remit payment of this claim and include our claim number on the payment. If you have any questions or need additional information, please call me at the number listed below. If I am not available, any other member of my team may assist you. Thank you for your cooperation.

In order to assist you in evaluating and processing the subrogation claim we are asserting, we may provide nonpublic personal information about our customer. We are sharing this information to effect, administer, or enforce a transaction authorized by the consumer. However, you are neither authorized nor permitted to: (1) use the customer information we provided for any purpose other than to evaluate and process the subrogation claim, or (2) disclose or share the customer information we provide for any purpose other than to evaluate and process the subrogation claim.

If you have questions or need assistance, call us at (877) 787-8276 Ext. 2312.

Sincerely,

Pat Nguyen
Claim Associate
(877) 787-8276 Ext. 2312
Fax: (866) 231-9276

statefarmclaims@statefarm.com

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State Farm Mutual Automobile Insurance Company

Enclosure