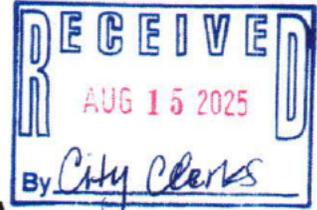


DATE SUBMITTED 09/03/2025
 SUBMITTED BY Human Resources
 DATE ACTION REQUIRED 09/17/2025

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-3054697 as recommended by Carl Warren & Company.	
DEPARTMENT INVOLVED: Human Resources	
BACKGROUND/SUMMARY: Recommendation from Carl Warren & Company to reject claim CW File Number CJP-3054697 submitted by Maribel Paez on August 14, 2025 and revised version submitted on August 15, 2025.	
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>JHM</u>
MOTION:	
SECONDED: AYES: NAYES: ABSENT:	APPROVED () REJECTED () DISAPPROVED () DEFERRED () REFERRED TO:



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

Maribel Paez

Name of Claimant Address Zip Phone Age

same as above

Address to which Claimant wishes notices sent

WHEN did damage or injury occur? 7/24/25

WHERE did damage or injury occur? Kadin Drive

HOW and under what circumstances did damage or injury occur? While Driving home I heard a loud pop and noticed on rear view mirror an object on the road. My vehicle began to make a lot of noise. Once I parked my vehicle in garage I noticed the damage from the tire and rim. I went walking and noticed the metal cap lid from the street.

WHAT particular action by the City, or its employees, caused the alleged damage or injury? (Include Names of Employees, if known) I contacted police Department and officer came on scene and placed a cone where the metal cap lid pop out of on the street.

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)

Tire is a run Flat and cost approximately \$4400 plus install \$150. Rim cost is approximately \$876.00. Total Amount Claimed \$1,300.00

NAMES and addresses of witnesses, Doctors and Hospitals:

Police officer from Imperial incident report number # 25.006324

Signature of Claimant [Signature] Date 7-25-25