

DATE SUBMITTED 09/12/2024
 SUBMITTED BY Kristen Smith
 DATE ACTION REQUIRED 09/18/2024

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-3052350 as recommended by Carl Warren & Company.	
DEPARTMENT INVOLVED: Human Resources	
BACKGROUND/SUMMARY: Recommendation from Carl Warren & Company to reject claim CW File Number CJP-3052350 submitted by William Gerhart III on September 6, 2024.	
FISCAL IMPACT: NOT TO EXCEED There is no fiscal impact associated with this action.	FINANCE INITIALS <u>VMS</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>D.M.</u> <u>D.M.</u>
MOTION:	
SECONDED: AYES: NAYES: ABSENT:	APPROVED () REJECTED () DISAPPROVED () DEFERRED () REFERRED TO:

September 10, 2024

TO: City of Imperial

ATTENTION: Venez Duong

RE: Claim : Gerhart vs. Imperial
Claimant : William Gerhart III
Member : City of Imperial
Date Rec'd by Mbr : 9/9/24
Date of Event : 9/3/23
CW File Number : CJP-3052350 MZV

Please allow this correspondence to acknowledge receipt of the captioned Application to File a Late Claim. Please take the following action:

- **APPLICATION REJECTION: Reject claimant's Application for Leave to Present a Late Claim. See Government Code Section 911.8.**

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

Very Truly Yours,

CARL WARREN & CO.

Timothy M. Varon

Timothy M. Varon
Claims Supervisor

enc: One (1) Form #5 Rejection of Application for Leave Letter, One (1) Proof of Service by Mail Form
cc: California JPIA

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

William Gerhart III

Name of Claimant

Address

Age

WHEN did damage or injury occur? 09/06/23

WHERE did damage or injury occur? Imperial, CA 92251

HOW and under what circumstances did damage or injury occur? Please see attached documentation.

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

Please see attached documentation.

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)

Please see attached documentation.

\$ _____
\$ _____
\$ _____ Total Amount Claimed \$ 5,418,700.00

NAMES and addresses of witnesses, Doctors and Hospitals:

William Gerhart III
Signature of Claimant

09/06/24
Date

Agenda Item B-8

Rejection of Claim – William Gerhart III

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.