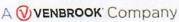
		Agenda Item No	-3	
DATE SUBMITTED	10/16/2023	COUNCIL ACTION	(x)	
SUBMITTED BY	Kristen Smith	PUBLIC HEARING REQUIRED RESOLUTION	()	
DATE ACTION REQUIRED	11/01/2023	ORDINANCE I <sup>ST</sup> READING ORDINANCE 2 <sup>ND</sup> READING CITY CLERK'S INITIALS		

## IMPERIAL CITY COUNCIL AGENDA ITEM

SUBJECT: DISCUSSION/ACTION:  1. Authorization to reject claim CW recommended by Carl Warren 8		er 3049914 WR	V as
DEPARTMENT INVOLVED: Human Resources Department		philips below	CHORFETTA
BACKGROUND/SUMMARY:			
Recommendation from Carl Warren & Company to rej WRV submitted by Patricia Ramos on October 10, 20	ect the clain 23.	n CW File Num	ber 3049914
		isu ar named a	ngitse yntgollor
FISCAL IMPACT: NOT TO EXCEED		FINANCE INITIALS	Da
There is no fiscal impact associated with this action.	og und gan wastis bei		The see include a
to deathin bong kind the sections of the state of the section of	in angl	anii a Mita la	copy of the Real
STAFF RECOMMENDATION:	-1254		
Staff recommends approval of authorization for claim rejection.		DEPT. INITIALS	KMS
MANAGER'S RECOMMENDATION: Approve Staff Recommendation		CITY MANAGER's INITIALS	DHM
MOTION:			
AYES: NAYES:	APPROVED DISAPPROVE REFERRED TO		REJECTED () DEFERRED ()
ABSENT:	KLIEKKED I		





October 13, 2023

TO: City of Imperial

ATTENTION: Kristen Smith

RE: Claim : Ramos vs. Imperial

Claimant : Patricia Ramos Member : City of Imperial

Date Rec'd by Mbr : 10/10/23 Date of Event : 4/12/23

CW File Number : 3049914 WRV

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 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 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 claims specialist.

Very Truly Yours,

CARL WARREN & CO.

Timothy M. Varon

Timothy M. Varon Claims Supervisor



BY: .....

## 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.
Dimperial, CA 92251
Tatricia Ramos 1560 (anon Dr. Imperial CA 9725
Name of Claimant Address Zip Phone Age
1540 (anon Dr. Imperial (A 9)351
Address to which Claimant wishes notices sent /
WHEN did damage or injury occur?
17.1
WHERE did damage or injury occur? 1500 CMDN Drive Imperior At 9000
The Slatter line of ward
HOW and under what circumstances did damage or injury or ur?
the course is well at a school in whi
Domo Shundo also shilled and all the children
TWING STUDIES OF THE STATE OF T
•
WHAT particular action by the City, or its employees, caused the alleged damage or injury? (Include Names of Employees, if
known)
City supage line not cleaned out.
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)
ON DD - O.
123 Milmhor
\$ 100
2 AD DE STORE WILL SH
Total Amount Claimed \$
10 IVI M MOUNT TOTAL AMOUNT CHAINING
3
NAMES and addresses of witnesses, Doctors and Hospitals:
NIN
1777
$\cap$
161 1/2000
TENTALLA DUNNAL DIDITA
10/10/00
Signature of Claimant Date



Plumbing & Drain Service
Serving the entire imperial Valley
CA State Contractors #774827

(760) 352-6789 (760) 344-2533

Nº 206000

P.O. Box 479 El Centro, CA 92244

PO#		Date 4-12-22	·	
Name_ <u> </u>  i	US A AA	165.04.4 Job Address   51.50		21
Cause of Stoppage		of materials used	Price	Amount
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•				
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leanout Mi	<del></del>	Septic tank		
ft. cleaned 35		Hydro jet	•	<del> </del>
ocation 2 May 6	<sup>7</sup> . J			
GÜ For the period of p 20 2 to reclass the above desc	FRANTEE  Litom the show date we then the street to the str	Total Materials: egree th the Total Labor:		
not include stoppage cau: or broken or sattled sectio	ed by rags, cement, or other	dabria Tax:		33::15
ustomer S. A.	Stemetime	Operator 11/1C1L	•	*/ <sub>*</sub> /
niussi <sup>o</sup> i 1-600-688-6327	<del></del>	•	Я	oten: 'Granzooss

The cost to pressure wash a driveway typically ranges from \$100 to \$500, but most homeowners will pay around \$300. Factors like your driveway's size and type can impact how much you'll pay. Plus, if you hire a pro to tackle it, you'll need to budget for labor costs. Learn all about how much it costs to pressure wash a driveway so you can budget accordingly and boost your curb appeal.

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Low	Average	High
Cost	Cost	Cost
\$100	\$300	\$500
		Control management and a series of the control of t

& angi.com