Agenda Item No. 8-5

DATE SUBMITTED

SUBMITTED BY

11/28/2023

Kristen Smith

DATE ACTION REQUIRED

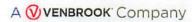
12/06/2023

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

IMPERIAL CITY COUNCIL AGENDA ITEM

SUBJECT: DISCUSSION/ACTION: Authorization to reject claim CW File Number CJP-3050008 as recommended by Carl Warren & Company. DEPARTMENT INVOLVED: Human Resources	
FISCAL IMPACT: NOT TO EXCEED There is no fiscal impact associated with this action.	FINANCE INITIALS
STAFF RECOMMENDATION: Staff recommends approval to reject claim.	DEPT. INITIALS 1600 S
MANAGER'S RECOMMENDATION: Approve staff recommendation.	CITY MANAGER'S INITIALS
MOTION:	Jennice: Bedenval ance ten put Caloss to nine
SECONDED: APPROVED AYES: DISAPPROVEN NAYES: REFERRED TO THE PROVEN NAYES ABSENT: REFERRED TO THE PROVEN NAYES TO THE PROVEN NA	no mes wishenegative teathings





TO: City of Imperial 11/2/2023

ATTENTION: Kristen Smith

RE: Claim : Inter Ins. Exch/Monica Dexter V. City of Imperial

Claimant : Inter Ins. Exch/Monica Dexter

Member : City of Imperial
Date Rec'd by Mbr : 10-23-2023
Date of Event : 08-21-2023
CW File Number : CJP-3050008

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 Notice of Rejection and a 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,

Janice Baluyut

Janice Baluyut Claims Examiner

Carl Warren & Company, LLC | A Venbrook Company

Direct: 657.622.4326

Email: JBaluyut@CarlWarren.com

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 Morsea Dexter UNK UNK UNK Name of Claimant Address 7123 Posri Rd. STE 400 Cloveland, OH 44130 Address to which Claimant wishes notices sent WHEN did damage or injury occur? 08/21/2023 WHERE did damage or injury occur? Pam Ava near 13th HOW and under what circumstances did damage or injury occur? W traveling on Palm Ave and struck a pothete IV had completed a loft turn from 13th st onto Palm, inset traveling in the middle lane traveling 15-20mph when felt the impact from the pothete causing the left front and rear time to pop. less was in front of the trailer park, inad was able to pull over into the trailer park. WHAT particular action by the City, or its employees, caused the alleged damage or injury? (Include Names of Employees, if known) due to heavy rains - Hurricane Hitary over the weekend it caused road damages which city did not take care of or maintain 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 \$ 4234.60 Rental \$ 1050.00 **Total Amount Claimed** NAMES and addresses of witnesses, Doctors and Hospitals:

Date

Rep For Ditchey Geiger LLC, Atty's For AAA A/S/O Monica Dexter 10/18/23

Signature of Claimant

DITCHEY GEIGER, LLC

Attorneys at Law

7123 Pearl Road - Suite 400 Cleveland, Ohio 44130

Telephone 216.348.9700 - Facsimile 888.232.1934

www.Ditchey@eiger.com

October 16, 2023

City of Imperial Beach 420 So. Imperial Ave. Imperial, CA 92251

Attention: Handling Rep

RE: Interinsurance Exchange of the Automobile Club (AAA)

Client File No.: 016013312 DG File No.: 23-473418 Type of Claim: AutoIns Date of Claim: 08-21-2023

Your Insured: Damaged Party: Monica Dexter

Your Claim/Reference No.: NEW CLAIM SUBMISSION

Claim Amount: \$5,284.80

CLAIM NOTICE

The above captioned claim has been assigned to this law firm for further handling. Accordingly, please process for immediate payment. Thank you.

Make your draft payable to:

DITCHEY GEIGER, LLC - Attorneys for Interinsurance Exchange of the Automobile Club (AAA)

Send all payments to: DITCHEY GEIGER, LLC 7123 Pearl Road - Suite 400 Cleveland, Ohio 44130

Tax Identification No.: 20-4609903

If you have any questions or wish to discuss this matter, please contact the undersigned. Otherwise, payment in full is expected. Your prompt attention to this matter will be appreciated.

Respectfully,

Anthony Fuentes

Account Representative: Insurance Claims Group

216.348.9700 x166

Anthony.Fuentes@DitcheyGeiger.com