



**CITY OF LODI
COUNCIL COMMUNICATION**

AGENDA TITLE: Authorize City Clerk to Deny Request for Leave to Present Late Claim, Filed on Behalf of Sandra Kay Oberg, Pursuant to Government Code Section 911.6(a).
MEETING DATE: November 17, 2010
PREPARED BY: Deputy City Attorney

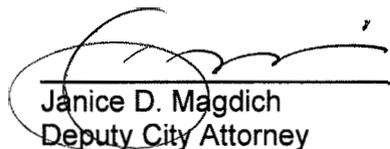
RECOMMENDED ACTION: Authorize City Clerk to deny request for Leave to Present Late Claim, filed on behalf of Sandra Kay Oberg pursuant to Government Code Section 911.6(a).

BACKGROUND INFORMATION: Request for Leave to Present Late Claim was filed with the City Clerk by Sandra Kay Oberg, pursuant to Government Code Section 911.4 on October 19, 2010, a copy of the request and initial submittal are attached. The request was filed over three months after the expiration of the statutory period in which the claims were to have been filed, based on the January 15, 2010 date of loss. Government Code Section 911.2 requires that claims against public entities, with limited exception, be filed within six months of the accrual of the action giving rise to the claim.

Statutory exceptions to the claim filing requirements include failure to present the claim through mistake, inadvertence, surprise or excusable neglect with no resulting prejudice to the public entity; the injured party was physically or mentally incapacitated during the claim filing period; and the minority or death of the injured party.

Ms. Oberg failed to present any proof that one or more of the statutory grounds for the submittal of a late claim applies in this matter. Therefore, it is recommended that the Council authorize the City Clerk to deny the request of Sandra Kay Oberg to file a late claim pursuant to Government Code section 911.6(a).

FUNDING: Not Applicable.



Janice D. Magdich
Deputy City Attorney

Attachments

APPROVED: 

Konradt Bartlam, City Manager

CERTIFIED MAIL

Randi Johl, City Clerk
City Hall
221 W. Pine St.
P. O. box 3006
Lodi, CA 95241-1910

October 18,2010

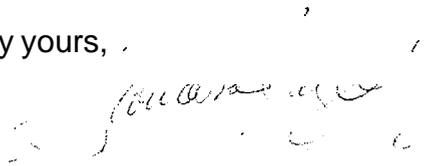
Re: Leave to Present a Late Claim

Dear Mr, Johl;

A leave to present a late claim is requested. We had been operating under the false impression the claim form had already been mailed. In preparation for camp hosting in various State and National Parks this past spring and summer we apparently had forgotten to mail our Claim for Money or Damages against the City of Lodi. This only became apparent with your response of October 15, 2010. If we had been more vigilant we could have expected a response from your office with a case number or some other form of acknowledgement.

A Claim for Money or Damages against the City of Lodi, California is submitted with this letter along with the documentation for our claim which was recently returned.

Sincerely yours,



Sandy Oberg

FILE CLAIM WITH:

City Clerk - City of Lodi
221 West Pine Street
(209)333-6702

CLAIM FOR MONEY
OR DAMAGES AGAINST THE
CITY OF LODI, CALIFORNIA



Reserved For Filing Stamp

Claim No. _____
RECEIVED

2 00CT 19 PM 3:07

CITY CLERK
CITY OF LODI

OR MAIL TO:

P.O. Box 3006
Lodi, CA 95241-1910

Attach estimates, receipts, photos, diagrams, or witness statements to support your claim. If additional space is needed, attach supplemental sheets - clearly identify the section(s) being answered.

Government Code requires claims be presented by the claimant or the claimant's representative and include the following:

Section 1. Claimant Information:

Name: Sandra Kay Oberg Redacted
Mailing Address: [Redacted]
City/State/Zip Code: [Redacted] Telephone: [Redacted]

Section 2. Representative Information (Must be completed if claim is filed by claimant's attorney or authorized representative):

Name: _____ Check box if same as above
Mailing Address: _____
City/State/Zip Code: _____ al ()

Section 3. Claim Information:

Date of Occurrence: Jan 15, 2010 Time of Occurrence: 5:10 am/pm

Location: Sidewalk bordering B. Katzakian Pk. on Turner Rd

Circumstances giving rise to this claim and why you believe the City of Lodi is responsible: City sidewalk with uneven sidewalk. One corner was much lower than next section. Next section of walk looked like it had lifted up.

General description of the indebtedness, obligation, injury, damage, or loss incurred so far as it may be known at the time of the presentation of the claim.

Trips to emergency, surgery on my left wrist which was broken in the fall. Many mths apt with physical therapy. Much pain + discomfort. My time to recover from surgery. Trips to Dr + P.T. at home. recovery time. Time to do all of the P.T. required to do at home. Missed activities.

Name of City department(s) or City employee(s) causing the injury, damage, or loss, if known.
Who ever keeps sidewalks in repair

The amount claimed as of the date of presentation of the claim should include the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed.

Basis for computation of claim: _____ Amount Claimed: \$ _____

Hospital Emergency, surgery, Dr + P.T. visits, Medication prescriptions + OTC Medicines. Me + My husband's time.

If amount claimed exceeds \$10,000: If the amount claimed exceeds ten thousand dollars (\$10,000), no dollar amount shall be included in the claim. However, it shall indicate whether the claim would be a limited civil case. A limited civil case is one where the recovery sought, exclusive of attorney fees, interest, and court costs does not exceed \$25,000. An unlimited civil case is one in which the recovery sought is more than \$25,000 (CCP §86.)

Limited Civil Case Unlimited Civil Case

Section 4. Additional Information:

You are required to provide the information requested on the previous page to comply with the California Government Code; however, to assist the City's investigation, please answer the following questions:

If the claim involves a minor, provide minor's date of birth. _____

Name, address, and telephone number of any witnesses to the occurrence or transaction which gave rise to the claim asserted:

CHP Officer # 12818 phone # unknown
Heather Garcia Redacted
Maurice Oberg Redacted

If the claim involves medical treatment for a claimed injury, please provide the name, address and telephone number of any doctors or hospitals providing treatment:

See attached documents

If applicable, please attach any medical bills or reports or similar documents supporting your claim.

Claimant's Auto Insurance Co.:	Claimant Drivers License No.:
Mailing Address:	_____
City/State/Zip:	License Expires: _____
Telephone: ()	Vehicle Make/Model/Year:
Insurance Broker/Agent:	_____
Mailing Address:	License No.: _____
City/State/Zip	Insurance Policy No.:
_____	_____

Section 5. Medicare Medicaid and S-CHIP Extension Act

Section 111 of the Medicare Medicaid & S-CHIP Extension Act requires the City of Lodi to report certain claims to the federal government. Please indicate if the claimant is : 65 years of age or older, or received Social Security Disability Insurance Benefits for 24 or more months, or has End Stage Renal Disease. If yes, you may be required to provide additional information to process your claim. Please circle one:

YES NO

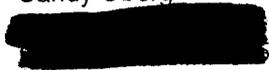
Section 6. Notice and Signature

Notice: Presentation of a false claim is a felony (Penal Code §72). Every person who, with intent to defraud, presents any false or fraudulent claim is punishable either by imprisonment in the county jail for a period of not more than one year, by a fine of not exceeding one thousand dollars (\$1,000), or by both such imprisonment and fine, or by imprisonment in the state prison, by a fine of not exceeding ten thousand dollars (\$10,000), or by both such imprisonment and fine. Pursuant to Code of Civil Procedure §1038.

Unsigned or incomplete claims will be returned as insufficient, resulting in no action on the part of the City.

<u>Sandra Oberg</u> Claimant's Name (please print)	<u>[Signature]</u> Claimant's Signature	<u>May 3, 2016</u> Date Claim Submitted
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Sandy Oberg

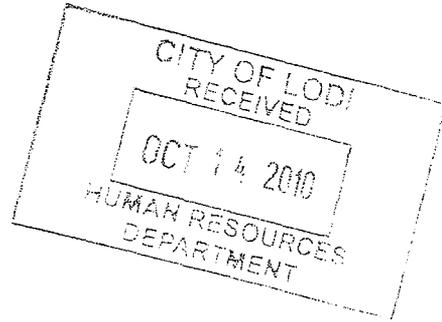


Redacted

October 11, 2010

City of Lodi
P. O. Box 3006
Lodi, CA 95241-

Date of Injury: 1/15/2010
Event Number: 11787142-11787082



Dear Sir/Madam;

We have just returned from summer camp hosting at various State and National Parks. Because of the remoteness of these locations we were unable to work on our initial claim.

Attached is a summary of the expenses and copies of the receipts to date.

Sincerely yours,

Sandy Oberg