

**CITY OF SEBASTOPOL  
CITY COUNCIL  
STAFF REPORT**

**Meeting Date:** February 2, 2016  
**To:** Honorable Mayor and City Councilmembers  
**From:** City Manager-City Attorney Larry McLaughlin  
City Clerk Mary Gourley  
**Subject:** Rejection of Claim for Money or Damages Against the City of Sebastopol Filed by Janet Greene on January 4, 2016  
**Recommendation :** That the City Council Approve the Rejection of the Claim Filed and Forward to Redwood Empire Municipal Insurance Fund (REMIF) for Processing  
**Funding:** Currently Budgeted: \_\_\_\_\_ Yes \_\_\_\_\_ No XX N/A  
Net General Fund Cost:  
Amount: \$

**INTRODUCTION:** This item is to request that the City Council Approve the Rejection of the Claim Filed and Forward to Redwood Empire Municipal Insurance Fund (REMIF) for Processing

**BACKGROUND:**  
A claim was filed against the City of Sebastopol on January 4, 2016.

The applicant’s claim states “on Main Street, across from Rite Aid, the curb where I stopped was crumbling, stepping on it in the dark, I fell flat.”

**DISCUSSION:**  
City staff and REMIF have reviewed the claim submitted and believe the claim is without merit.

**RECOMMENDATION:**  
Staff recommends that the City Council Approve the Rejection of the Claim Filed and Forward to Redwood Empire Municipal Insurance Fund (REMIF) for Processing

**Attachment:**  
Claim Filed January 4, 2016 (Janet Greene)

File with:  
Office of the City Manager/City Clerk  
City of Sebastopol  
7120 Bodega Avenue  
Sebastopol, CA 95472

Date Received  
**Received**  
JAN - 4 2016  
City of Sebastopol

CLAIM FOR MONEY OR  
DAMAGES AGAINST THE  
CITY OF SEBASTOPOL

A claim must be presented, as prescribed by the Government Code of the State of California, by the claimant or a person acting on his/her behalf and shall show the following:

If additional space is needed to provide your information, please attach sheets, identifying the paragraph(s) being answered.

1. Name and Address of the Claimant:

Name of Claimant: Janet Greene  
Address: 924 Look Far Trail Cazadero 95421  
Mailing Address (if different than above): PO Box 33  
Occidental Ca 95405  
Telephone Number: 707 632 5526

2. Address to which the person presenting the claim desires notices to be sent:

Name of Addressee: Janet Greene  
Mailing Address (if different than above): 1  
Telephone Number: \_\_\_\_\_

3. The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted.

Date of Occurrence: Dec 15, 2015 Time of Occurrence: 5:40 PM  
Location: on main st. across from Rite Aid

Circumstances giving rise to this claim:

The curb, where I stopped, was crumbling.  
Stepping on it in the dark, I fell flat.

4. 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.

I am having PAIN in my left knee and  
left shoulder.

5. The name or names of the public employee or employees causing the injury, damage, or loss, if known.

Officer David Harston #406 from the Sebastopol  
Police Dept Arrived on the scene and took a  
Report of the incident. Case # 15-1382

6. a. If the amount claimed totals less than \$10,000: The amount claimed if it totals less than ten thousand dollars (\$10,000) as of the date of the presentation of this claim, including 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.

Amount Claimed and basis for computation: \$1000.

b. If the 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. (See CCP § 86)

LIMITED CIVIL CASE

UNLIMITED CIVIL CASE

You are required to provide the information requested above, plus your signature on page 3 of this form, in order to comply with Government Code §910. In addition, in order to conduct a timely investigation and possible resolution of your claim, the City requests that you answer the following questions.

7. Claimant(s) Date(s) of Birth:

June 11, 1946

8. Name, address and telephone number of any witness(es) to the occurrence or transaction which gave rise to the claim asserted:

A gentleman helped me up, But I did not get his name.

9. 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.

Dr. Wendy Wiley 874-2444  
Occidental Health Clinic  
3802 Main St. Occidental CA.

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

10. If the claim relates to an automobile accident:

Claimant (s) Auto Insurance Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Broker/Agent: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Claimant's Vehicle License Number: \_\_\_\_\_ Vehicle Make/Year: \_\_\_\_\_  
Claimant's Driver License Number: \_\_\_\_\_ Expiration: **Received**

If applicable, please attach any repair bills, estimates, or similar documents supporting your claim. **JAN 4 2016**

City of Sebastopol

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City of Sebastopol  
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Name of Claimant: Janet Greene  
Address: [REDACTED] (Azusa 95421)  
Mailing Address (if different than above): PO Box [REDACTED]  
Telephone Number: 707 [REDACTED]

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I am having pain in my left knee and  
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Amount Claimed and basis for computation: \$1,000.

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~~REDACTED~~

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Claimant (s) Auto Insurance Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Broker/Agent: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Claimant's Vehicle License Number: \_\_\_\_\_ Vehicle Make/Year: \_\_\_\_\_  
Claimant's Driver License Number: \_\_\_\_\_ Expiration: **Received**

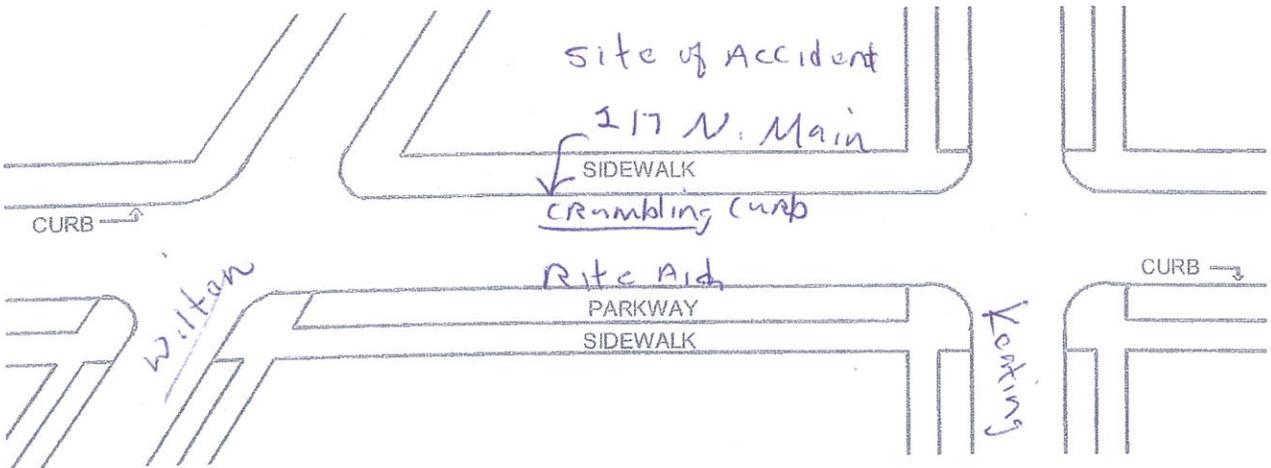
If applicable, please attach any repair bills, estimates, or similar documents supporting your claim. JAN 4 2016

City of Sebastopol

READ CAREFULLY

For all accident claims, place on following diagram name of streets, including North, East, South and West; indicate place of accident by "X" and by showing house numbers or distances to street corners. If City/Agency Vehicle was involved, designate by letter "A" location of City/Agency Vehicle when you first saw it, and by "B" location of yourself of your vehicle when you first saw City/Agency Vehicle; location of City/Agency vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X".

NOTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by claimant.



WARNING: Presentation of a false claim with the intent to defraud is a felony (Penal Code § Pursuant to CCP § 1038, the City/Agency may seek to recover all costs of defense in the event an action is filed which is later determined not to have been brought in good faith and with reasonable cause.

Signature: Janet Greene Date: Dec. 27, 2015  
Printed Name: Janet Greene

Received  
JAN - 4 2016  
City of Sebastopol

**Occidental Area Health Center-Med**

3802 Main Street,  
Occidental, CA, 954650100  
Tel: 707-874-2444 Fax: 707-874-1664

Wendy Wiley, PA (NPI:1720192487)  
**Provider Code:**

Physician Assistant

**Patient:** Greene, Janet  
**DOB:** 06/11/1946 **Sex:** Female **Phone:** 707-632-5526  
**Address:** PO Box 33, Occidental, CA 95465

**Order Date:** 12/19/2015 09:00 AM  
**Today:** 12/19/2015 09:37 AM

**Primary Insurance Name:** Medicare OAHC  
**Insurance Address:** PO Box 2019 , Milwaukee , WI , 53203  
**Subscriber Number:** 396465434A  
**Insured Name:** Greene, Janet **Address:** PO Box 33, Occidental, CA 95465

**DIAGNOSTIC IMAGING:**

Code	Diagnostic Name	Assessment(s)	Notes	Instructions
	Xray : Knee, left	S89.92XA, Left knee injury		

**COMMENTS:** tripped up sidewalk, fell flat on knee 5 days ago. Pain locally lateral distal femur anteriorly



Wendy Wiley, PA

Electronically Signed By: **Wendy Wiley, PA**

Signature of Patient/Guardian

Patient: Greene, Janet DOB: 06/11/1946

Received

JAN - 4 2016

City of Sebastopol

**O R F F** Janet Greene, Director, PO Box 33, Occidental, CA, 95465 (707) 632-5526 ~~janet@sonic.net~~



Office of the City Manager/City Clerk  
City of Sebastopol, 7120 Bodega Ave.  
Sebastopol, CA  
95472

December 27, 2015

This is in regard to a claim filed against the City of Sebastopol. On December 15, 2015, at 5:40 pm, I parked my car on 217 N. Main St., across from Rite Aid. I stepped onto the curb and fell flat on my face. After getting up, I noticed that I had stepped on a crumbling curb. Since it was dark at the time, I could not see the broken curb when I stepped on it. I immediately felt pain in my left shoulder and left knee. I reported the incident to Officer David Harston from the Sebastopol Police Department. He took a report ( case # 15-1382) at the scene of the accident.

I am the K-3 dance and music teacher at Oak Grove Elementary School in Graton. Because of the pain in my knee I was not able to teach dance in my classes on Thursday, December, 17. I went to the Occidental Health Center on Saturday, December 19, where I was seen by Doctor Wendy Wiley. She examined my shoulder and left knee and noted pain locally lateral in my distal femur anteriorly. Severe pain continued for seven more days. I still have some residual pain in my left shoulder and loss of range of motion, and tenderness in my left knee.

I am filing a claim in the amount of \$1000. against the City of the Sebastopol for the following reasons:

1. My pain and suffering due to the negligence of the City of Sebastopol to maintain their curbs.
2. My inability to teach dance in my classes at Oak Grove School.
3. The potential for prospective injury to my knee and shoulder and my teaching career, insofar as it may be known at this time.

I include the following information pertinent to this claim:

A photograph of the broken curb at 217 N. Main St.  
A copy of the doctor's report

*Janet Greene*

Received

JAN - 4 2016

City of Sebastopol



