

5) **Rejection of Claim by Nitin Jindal**

Direct the City Clerk to notify claimant Nitin Jindal that his claim submitted to the City Clerk's Department on February 15, 2024, is rejected.



REPORT TO CITY COUNCIL

To: Honorable Mayor and Members of the City Council
From: Jason Simpson, City Manager
Prepared by: Shannon Buckley, Assistant City Manager
Date: April 23, 2024
Subject: Rejection of Claim by Nitin Jindal

Recommendation

Direct the City Clerk to notify claimant Nitin Jindal that his claim submitted to the City Clerk's Department on February 15, 2024, is rejected.

Background

Nitin Jindal has submitted a claim to the City seeking reimbursement for "financial damages" totaling \$60,000.

Code Enforcement personnel first contacted Mr. Jindal on October 17, 2023, and observed that Mr. Jindal was remodeling the residence. Mr. Jindal, the property owner, was advised to stop work until the City issued permits through the Community Development Department. He was advised that he could be fined if he did not seek the required City permits.

On October 26, 2023, Code Enforcement personnel conducted an inspection; no activity was seen on the property at the time of inspection. However, Staff noticed a trailer loaded with new construction material.

On December 19, 2023, the Code Enforcement Department received a complaint that multiple commercial vehicles were parked on the property and included significant amounts of construction materials.

On December 20, 2023, Staff visited the property and noticed several inoperative commercial vehicles. There is also excessive storage of construction materials. On December 21, 2023, a Notice of Violation was sent to Mr. Jindal.

On January 10, 2024, Staff inspected the property and noted 19 vehicles being stored. Of the 19

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vehicles, eight were commercial vehicles. Staff also noted that several tires, building supplies, fencing materials, generators, and forklifts remained onsite. An Administrative Citation (#32006) was issued.

On January 16, 2024, the City received another citizen complaint. Staff inspected the property and observed no effort had been made to rectify the prior conditions. Staff reached out to Mr. Jindal but was unable to reach him. Another Administrative Citation (#32009) was issued.

On February 13, 2024, Staff inspected the property for compliance. Staff noted no changes in the condition of the property.

On February 15, 2024, Mr. Jindal filed a claim with the City Clerk's Department for \$60,000. A copy of the claim is attached.

On February 22, 2024, at the request of Mr. Jindal, Staff met with him at his property. Staff was granted access to the property. Staff went over the violations with Mr. Jindal and advised him that he could not move forward with the development process until he came into full compliance. There was unpermitted construction inside the building, which the Building & Safety team addressed during their inspections. Staff granted him 30 days to comply. Staff further advised him that the property is not zoned for commercial use and that having the vehicles stored there and all the other debris was not allowed.

Mr. Jindal has appealed the citations, which remain pending.

Discussion

Mr. Jindal's claim was initially referred to the City's carrier, the California Joint Powers Insurance Authority, through its claim's administrator, Carl Warren & Company. On February 15, 2024, the City Attorney's office was notified by Carl Warren that the claim was not covered under the City's policy.

In his claim, Mr. Jindal notes that he seeks reimbursement for "financial damages" totaling \$60,000.

As noted above, Mr. Jindal's property is not zoned for the storage of commercial vehicles, and that, along with the other activities, has created public nuisance conditions.

The City Attorney's office recommends that the City Council reject the claim submitted by Mr. Jindal and direct the City Clerk to notify Mr. Jindal of the rejection as required under the Tort Claims Act.

Following notification of the City's rejection, the claimant has six (6) months to file a lawsuit should he choose to act against the City.

Fiscal Impact

None.

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Attachments

Attachment 1 - Claim

City of Lake Elsinore
Claim for Damage or Injury

Use Black or Blue Ink Type
 Attach Additional Pages if Necessary

Mail Claim Form To:
 City Clerk
 City of Lake Elsinore
 130 South Main Street
 Lake Elsinore, California 92530



CLAIMANT, NOTIFICATION AND GENERAL INFORMATION

CLAIMANT FULL NAME Nitin Jindal		CLAIMANT ADDRESS (Required) 32989 Macy St, Lake Elsinore, CA
PERSON TO BE NOTIFIED OF ANY ACTION TAKEN ON CLAIM Nitin Jindal		NOTIFICATION ADDRESS (IF DIFFERENT THAN ABOVE) 16581 4s Ranch Pkwy, San Diego, CA 92127
CLAIMANT DATE OF BIRTH 09/20/74	MEDICARE BENEFICIARY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PHONE NUMBER(S) 562 965 5333

DATE OF ACCIDENT 10/18/23	ACCIDENT TIME AM / PM	EMAIL ADDRESS (OPTIONAL) jindal-nitin@hotmail.com
PLACE OF ACCIDENT (COMPLETE ADDRESS AND DESCRIPTION TO LOCATE ON A MAP / OR VISIT THE SCENE): Mr. Darnell Burnett and the Mr. Carlos from planning department conspired and lied to stop maintenance work, which was being done to fix damages caused by home less.		

PROPERTY DAMAGE
 DESCRIBE PROPERTY DAMAGE CLAIMED, INCLUDING LOCATION, NATURE OF DAMAGE, CAUSE AND HOW VALUE IS CALCULATED:
Because of their actions our restoration work was stopped and they refuse to give written STOP order. We have lost \$60,000 in rent

PERSONAL INJURY
 STATE THE NATURE AND EXTENT OF CLAIMANT'S INJURY WHICH FORMS THE BASIS OF THIS CLAIM:
We are suffering financial damages and till now \$60,000 worth of income has been lost

LIABILITY
 INDICATE HOW THE ACCIDENT HAPPENED, WHY YOU FEEL THE CITY IS LIABLE AND NAME OF INVOLVED CITY EMPLOYEE(S):

AMOUNT OF CLAIM

PROPERTY DAMAGE: \$60,000	PERSONAL INJURY \$:	TOTAL AMOUNT OF CLAIM: \$60,000
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WITNESSES
 NAME (S) / ADDRESS(ES):

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS
 Every person who, with intent to defraud, presents for allowance or payment any false or fraudulent claim against the City is guilty of a felony. (See California Penal Code §72)

I DECALRE UNDER THE PENALTIES OF PURJURY OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS CORRECT AND THAT THE AMOUNT OF THIS CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT DESCRIBED HEREIN.

X *Nitin Jindal* **02/04/24**
 SIGNATURE OF CLAIMANT DATE

NOTICE TO CLAIMANT

In order for your claim to receive proper consideration you are requested to supply the information called for on this application form. All material facts should be stated on this form, as it will be the basis of further action upon your claim. The instructions set forth should be read carefully before the form is completed.

INSTRUCTIONS

Claims must be signed by the property owner, injured party, or the person representing the claim. Unsigned claim forms cannot be honored. See Government Code §910.2, the amount claimed must be sustained by competent evidence before a claim can be paid. Whether attached to the claim form, or submitted subsequently, evidence supporting the amount claimed may include:

- (a) In support of a claim for the personal injury or death, the claimant should submit documentation evidencing the injuries sustained, treatment rendered, the period of hospitalization, future treatment, the degrees of permanent disability, the prognosis, and evidence of medical bills received and paid. It is recommended that such medical evidence **NOT** be attached to the claim form, but that such substantiation of damages be provided upon request. The Claim Form and attachments thereto is a public record and subject to public inspection.
- (b) In support of claims for damage to property which has been or can be economically repaired, submit at least two itemized signed repair estimates or statements of damage by reliable, disinterested persons, or if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claim for lost property or property that cannot be economically repaired, submit documentation of the original cost of the property, the date of purchase, and the value of the property before and after the accident. The statements demonstrating the value of the property should be disinterested competent persons, preferably reputable dealers, persons familiar with the type of property, by two or more competitive bidders, or advertisements for the same or similar property.

The completed Claim Form must be mailed or delivered to the City Clerk at the address on the prior page. Questions or requests for further information should be directed to the City Clerk's Office at (951) 674-3124.

INSTRUCTIONS REGARDING INSURANCE COVERAGE

In order that claims may be properly adjusted by the City or your insurance company, it is essential that the claimant provide the following information regarding any insurance coverage available for the loss or injury.

DO YOU CARRY AUTO COLLISION COVERAGE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF "YES" GIVE NAME AND ADDRESS OF INSURANCE COMPANY AND POLICY NUMBER:	
HAVE YOU FILED A CLAIM WITH YOUR INSURANCE CARRIER IN THIS INSTANCE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF "YES" WHAT IS YOUR DEDUCTABLE?	INSURANCE COMPANY CLAIM NO.?
IF A CLAIM HAS BEEN FILED, WHAT ACTION HAS YOUR INSURER TAKEN, OR WHAT ACTION DOES IT PURPOSE TO TAKE WITH THE REFERENCE TO YOUR CLAIM? 		
DO YOU CARRY PUBLIC LIABILITY AND PROPERTY DAMAGE COVERAGE? <div style="text-align: center; font-size: 1.2em;">NO.</div>	IF "YES" GIVE NAME OF INSURANCE CARRIER:	
NAME OF CLAIMANT: <div style="text-align: center; font-size: 1.2em;">NITIN JINDAL</div>		