MARIPOSA COUNTY
BOARD OF SUPERVISORS
AGENDA ACTION FORM
DATE: 6/13/95

DEPARTMENT: County Counsel BY: Jeffrey G. Green PHONE: 966-3222

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes No)

Pass and adopt this Resolution authorizing the Chairman to sign an order of the Board to reject Claim No. C95-7 in the amount of $488.66 (or $660.85). Based upon a review of the investigative report received from the Public Works Department, Counsel does not believe that the County has any liability in this matter.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
The Board usually follows Counsel's recommendation in matters of this nature.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Claim would automatically be denied if no action is taken.

COSTS:
A. Budgeted current $B.
   Total anticipated funding $C.
   Required additional funding $D.
   Internal transfers $ SOURCE:
A. Unanticipated revenues $B.
   Reserve for contingencies $C.
   Balance in Reserve for Contingencies, if approved:

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:
Claim No. C95-7.
Notice of Rejection.

CLERK'S USE ONLY:
Res. No.: 5-264 Ord. No. 
Vote - Ayes: N A. Absent:
Approved: ( ) Denied
( ) Minute Order Attached ( ) No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.

DATEx ATTEST: MARGIE WILLIAMS, Clerk of the Board
By: County of Mariposa, State of California
Deputy

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:
Recommended
Not Recommended
For Policy Determination
Submitted with Comment
Returned for Further Action

Comment:

A.O. Initials:

Action Form Revised 5/92
BEFORE THE BOARD OF SUPERVISORS
OF
MARIPOSA COUNTY, STATE OF CALIFORNIA

In the Matter of:  

CLAIM FOR DAMAGES PURSUANT TO GOVERNMENT CODE § 911.6

Claim No. C95-7

Laura Marie Seager
P.O. Box 2117
Wawona, CA 95389

having filed with this Board on May 3, 1995 a claim for damages in the amount of $488.66/660.85;

NOW, THEREFORE, it is ordered by the Board of Supervisors that the claim is hereby REJECTED.

The foregoing order was passed by the following vote of the Board:

AYES: REILLY, BALMAIN, STEWART, PARKER, TABER
NOES: NONE
ABSENT: NONE
ABSTAINED: NONE

Dated this 13th day of June, 1995.

GARRY R. PARKER, Chairman
Board of Supervisors

ATTEST:

MARGIE WILLIAMS, Clerk of the Board
COUNTY OF MARIPOSA CLAIM FORM

CLAIM OF Laura M. Seager (Claimant)  

v.  

COUNTY OF MARIPOSA  

TO THE BOARD OF SUPERVISORS OF MARIPOSA COUNTY:  

YOU ARE HEREBY NOTIFIED that: (PLEASE TYPE OR PRINT)  

Claimant: Laura Marie Seager  
Whose address is: 4185 English Lane (PO Box 2117)  
City and State: Wawona, Ca Zip: 95389  

claims damages from the COUNTY OF MARIPOSA in the amount, computed as of the date of presentation of this claim, of $488.66/8660.85  

This claim is based on: (CHECK APPROPRIATE BOX OR BOXES)  

< > Property Damage  < > Other (LIST)  
< > Personal Injury  
< > Contract  

which occurred on March 19th, 1995, in the vicinity of: Chilnualna Falls Rd. (near Pine Tree Market)  

Describe generally the facts and circumstances that give rise to the claim:  
(PLEASE USE BACK OF THIS PAGE IF MORE SPACE IS NEEDED.)  

Hit sandbags while driving from Ranger Office to home.  
Sobbags were piled 4 high placed on the pavement 18" to 2' in the travel lane of the road, on both sides of road.  
At the time of accident there were no markers to alert drivers of sandbags - no barricades cones or flasher lights.  
The name(s) of the public employee(s) causing claimant's injuries or damages under the above-described circumstances is/are:  
Pierce Loberg - County Employee - part-time
The injuries sustained by claimant, as far as known, as of the date of presentation of this claim consist of: (DESCRIBE GENERALLY CLAIMANT'S INJURIES OR DAMAGES)

\textit{no injuries}

The amount claimed, as of the date of presentation of this claim is computed as follows:

\textbf{Damages incurred to date:}

Expenses for medical and hospital care
\hspace{2em} \$ \underline{\hspace{2cm}}

Loss of earnings
\hspace{2em} \$ \underline{\hspace{2cm}}

Specific damages \textit{(itemize)}
\begin{itemize}
  \item auto (estimates) \hspace{2em} $660.85 \text{ or } 488.66
\end{itemize}

Other damages \textit{(itemize)}
\hspace{2em} \$ \underline{\hspace{2cm}} \hspace{2em} \$ \underline{\hspace{2cm}}

\textbf{TOTAL DAMAGES INCURRED TO DATE:} $660.85 \text{ or } 488.66

Estimated future damages as far as known from this incident:

Total estimated prospective damages:
\hspace{2em} $660.85 \text{ or } 488.66

\textbf{TOTAL AMOUNT CLAIMED AS OF DATE OF PRESENTATION OF THIS CLAIM:} $660.85 \text{ or } 488.66

All notices or other communications with regard to this claim should be sent to claimant at: \underline{P.O. Box 2117 Wawona Ca. 95389}

(ADDRESS TO WHICH NOTICES ARE TO BE SENT)

Dated: \underline{4/15/95} \hspace{2em} Signed: \underline{\text{ feaser, M. Yeager}}

(CLAIMANT/AGENT FOR CLAIMANT)

\textbf{Government Code § 911.2. Time of or presentation of claims}

A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented as provided in Article 2 (commencing with § 915) of this chapter not later than six months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented as provided in Article 2 (commencing with § 915) of this chapter not later than one year after the accrual of the cause of action.
**Sierra Oak Auto Body**

TAX ID 77-0100244  
P.O. BOX 2173  
Oakhurst, CA 93644-2525

**Owner:** Laura Seager  
**Address:** PO Box 2117  
**Insurance Co.:**  
**Claim No.:**

**VIN:** JF1AM42B7DB401432  
**License:** 2LMK414  
**Prod Date:** 9/82

**Power brakes:** Tinted glass  
**Rear defogger:** Bucket seats  
**Styled steel wheels:** Clear coat paint  
**Body side moldings:** Recline/lounge seats  
**Metallic paint:**

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**Subtotals:** 103.85 5.7 4.8 0.00
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**subtotal** $645.85

**tax on $229.65 at 7.7500%** $17.80

**grand total** $660.85

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Estimate based on MOTOR CRASH ESTIMATING GUIDE. Non-asterisk(*) items are derived from the Guide IRL7505. Database Date 2/95. Double asterisk(**) items indicate part supplied by a supplier other than the original equipment manufacturer.

E2ESt - A product of CCC Information Services Inc.
**OAKHURST AUTO BODY**

QUALITY WORK EXCEPTIONAL SERVICE

42147 HWY. 41 #1

OAKHURST, CA 93644-

(209) 642-4699

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Owner: LAURA SEAGER  
Address: PO BOX 2117  
WAWONA CA 95389  

Insurance Co.: STATE FARM INSURANCE COMPANIES  
Claim No.:  

Day Phone: (209) 375-6639-  
Other Ph: (209) 372-0564-  
Deductible: $ 0.00  

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Subtotals =>> 68.40 4.0 4.3 15.00

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Page: 1
OAKHURST AUTO BODY
QUALITY WORK EXCEPTIONAL SERVICE
42147 HWY. 41 #1
OAKHURST, CA 93644-
(209) 642-4699

Parts (Subject to Invoice) 68.40
Labor 4.0 hrs $38.00/hr 152.00
Paint 4.3 hrs $38.00/hr 163.40
Paint/Materials 4.3 hrs $18.00/hr 77.40
Sublet/Misc 15.00

SUBTOTAL $ 476.20
Tax on $ 160.80 at 7.7500% 12.46

GRAND TOTAL $ 488.66

I HEREBY AUTHORIZE OAKHURST AUTOBODY TO REPAIR MY VEHICLE PER THIS ESTIMATE. NOT RESPONSIBLE FOR ARTICLES LEFT IN VEHICLE.

............................DATE............................

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Non-asterisk(*) items are derived from the Guide IRL7505. Database Date 2/95
Double asterisk(**) items indicate part supplied by a supplier other than the original equipment manufacturer.
EZEst - A product of CCC Information Services Inc.
TO:        Laura Marie Seager
           P.O. Box 2117
           Wawona, CA 95389

RE:        CLAIM FOR DAMAGES
NOTICE OF REJECTION

AMOUNT OF CLAIM $ 488.66 or 660.85
Claim No. C95-7

NOTICE IS HEREBY GIVEN that the claim which you presented to the Board of
Supervisors of Mariposa County on May 3, 1995 was rejected by action of
the Board on June 13, 1995.

WARNING

"Subject to certain exceptions, you have only six (6) months from the date this notice
was personally delivered or deposited in the mail to file a court action on this claim." (See
Government Code Section 945.6)

"NOTE: This six-month filing period applies only to State Court actions. If your
action is based on federal law and/or you intend to file it in Federal Court, a shorter or longer
period within which to file the action may apply."

"You may seek the advice of an attorney of your choice in connection with this matter.
If you desire to consult an attorney, you should do so immediately."

JEFFREY G. GREEN
Mariposa County Counsel

PROOF OF SERVICE BY MAIL (1013a, 2015.5 C.C.P.)

STATE OF CALIFORNIA, COUNTY OF MARIPosa:

I am a citizen of the United States and a resident of the County aforesaid. I am over
the age of eighteen years and not a party to the within entitled action; my business address is
5100 Bullion Street (P. O. Box 189), Mariposa, CA 95388. On June 21, 1995
I served the within Notice of Rejection of Claim No. C95-7 on the
claimant in said action by placing a true copy in a postage paid envelope addressed to the person(s) hereinafter listed, by depositing said envelope in the U.S.
Mail, or by placing a copy into an inter-office delivery receptacle located in Counsel's office:

Laura Marie Seager
P.O. Box 2117
Wawona, CA 95389

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed on June 21, 1995 at Mariposa, California.

Sandra V. Adams