RECOMMENDED ACTION AND JUSTIFICATION:  (Policy Item: Yes ___ No x )
Pass and adopt this Resolution approving Claim No. C93-2 in the amount of $906.01 for reimbursement of repairs to a vehicle damaged by a Sheriff’s Deputy vehicle on January 1, 1993. Further authorize Auditor to draw warrant, upon approval by the Board, in the amount of $906.01 made payable to Ernestyne C. Lucero and the California State Automobile Association. Warrant should be forwarded to County Counsel’s office for processing to claimants. Based upon the motor vehicle accident report, it appears that the County does have some 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.

COST: ( ) Not Applicable
A. Budgeted current FY $________
B. Total anticipated costs $________
C. Required add’l funding $________
D. Internal Transfers $________

SOURCE: ( ) 4/5ths Vote Required
A. Unanticipated revenues $________
B. Reserve for contingencies $________
C. Source Description: ______________________________________________________________________

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:

Claim No. C93-2
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Balance in Reserve for Contingencies, if approved: $ ____________

CLERK’S USE ONLY:
Res. No.: 93-121  Ord. No.: ______
Vote: Ayes: ___  Noes: ___
Absent: ___  Abstained: ___
Approved ( ) Denied ( )
( ) Minute Order Attached
( ) No Action Necessary

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

DATE: ____________

ATTEST: MARGIE WILLIAMS
Clerk of the Board of Supervisors
County of Mariposa, State of Calif.
By: __________________________
  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: ______________________

FOR AUDITOR’S USE ONLY: Account #014-100-2-501

Action Form Revised 5/92
Claim For Damages

In accordance with Section 910 of the California Government Code, this is to formally place you on notice of our subrogated claim for the loss described below.

Date: January 7, 1993

Jeffrey G. Green
County Counsel
P. O. Box 189
Mariposa, CA 95338

Claim is hereby made and filed against the County of Mariposa
c/o Jeffrey G. Green, as follows:

Name of Claimant:
California State Automobile Association Inter-Insurance Bureau

Address of Claimant:
3065 M Street, Merced, CA 95348

Date of Occurrence:
1/1/93

Place of Occurrence:
Highway 140 P/L in Mariposa

Nature and Amount of Damages

$906.01

Items Making up said Amount:
Repairs to 1983 Honda Prelude to hood, grill

Name of Public Employee(s) causing said Damage (if known):
Douglas A. Binnewies

Facts & Details:

On January 1, 1993, around 10:00 a.m., your employee, Mark Jones, hit our
insured's vehicle in the parking lot. Our insured vehicle was parked and
unattended.

California State Automobile Association
Inter-Insurance Bureau

By: Andrea W. Shenock
In consideration of the payment to the undersigned of $906.01

Nine Hundred Six and 01/100 ---------------------

Dollars, being the full amount of loss and damage insured against under an automobile insurance policy, number N772996 issued to the undersigned by the CALIFORNIA STATE AUTOMOBILE ASSOCIATION INTER-INSURANCE BUREAU, said loss and damage having occurred on or about the 1st day of January 1993, the said undersigned hereby assigns and transfers to said Bureau and said claim in the above amount plus additional claim for damage resulting from said accident, not covered under said policy of insurance, in the amount of $906.01, constituting a total claim in the amount of $906.01.

Said Bureau is hereby subrogated in place and stead to the extent of the above amount of the said total claim and is hereby authorized and empowered to sue, compromise or settle in name or otherwise to the extent of said total claim for loss and damage, and to endorse in my name any check made payable to me therefor, and collect and receive any money payable thereby.

The undersigned covenants that we have not released or discharged any such claim or demand against such party or parties and that will furnish to said Bureau any and all papers and information in our possession, necessary for the proper prosecution of such claim.

Dated at this 15 day of January 1993.

Sincerely

WITNESS

F1423 (Rev. 12-89)
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**TOTALS:** 57.42

**SIGNED:**

LON'S BODY SHOP
Old Highway & 49 South
P.O. Box 182
Mariposa, CA 95338
Phone (209) 966-3965

**Written By:**

906.01

**TAX:** 7.25% on $470.00 = $34.02

**Subtotal:** $470.00 + $34.02 = $504.02

**Total:** $538.44

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**Note:** All parts will be discarded unless otherwise instructed. Sometimes after the work has been started, additional damaged or worn parts are discovered which were not evident on first inspection. This damage report does not cover or include any additional parts or labor which may be required. All parts prices are subject to invoice.
DATE OF LOSS: 01-01-93
CLAIM: 04-N77299-6
INSURED'S NAME: LUCERO, ERNESTYNE

POLICY TYPE: AUTO
KIND OF LOSS: CDL
PREFIX: 01P
CLAIMANT'S NAME: LUCERO, ERNESTYNE

ADJUSTER NO.: 16457
IN PAYMENT OF: REPAIRS TO PRELUDE

PAYEE: LON'S BODY SHOP
TO: MARIPOSA

AUTHORIZED SIGNATURE: THERESIE M. ALCALA
NOT NEGOTIABLE

M.O. COPY

030192027 030 L192027-5-R

030192027 030 L192027-5-R

#906.01

*NINE HUNDRED SIX 01/100*

11-25
1210

030192027 030 L192027-5-R

12330=90948