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

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes___  No_X)

Recommendation to approve Claim No. C93-5 attached hereto in the amount of $3,170 for payment of damages to claimant's house due to a sewer backup. Further authorize the Auditor to draw warrant, upon approval by the Board, in the amount of $3,170 made payable to Robert N. Hansen. Warrant should be forwarded to County Counsel's office for processing to claimant.

After considerable investigation to determine if the County was the responsible party of this claim, it was determined that there was a blockage in the County's sewer main. It is Counsel's and the Public Works Director's recommendation that the County approve this claim.

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:

Do not approve claim.
Claim would automatically be denied if no action is taken.

COSTS:  ( ) Not Applicable
A. Budgeted current FY $         
B. Total anticipated costs $         
C. Required additional funding $         
D. Internal transfers $         

SOURCE:  ( ) 4/5ths Vote Required
A. Unanticipated revenues $         
B. Reserve for contingencies $         
C. Source description: Balance in Reserve for Contingencies, if approved: $         

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:
Claim No. C93-5

CLERK'S USE ONLY:
Res. No.: 12-1505A  Ord. No. 465
Vote: Ayes: 5  Noes: 0
Absent: 0  Abstained: 0  Approved: 0  Denied: 0  Minute Order Attached: 0  No Action Necessary
The foregoing instrument is a correct copy of the original on file in this office.

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: [Sign]

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

Action Form Revised 5/92
COUNTY OF MARIPosa CLAIM FORM

CLAIM OF  Robert N. Hansen  
(Claimant) 

v. 

COUNTY OF MARIPosa 

TO THE BOARD OF SUPERVISORS OF MARIPosa COUNTY:

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

Claimant:  Robert N. Hansen  
Whose address is:  690 Windsor Dr (Temporary)  
City and State:  Benicia, CA.  Zip:  94510  

claims damages from the COUNTY OF MARIPOSA in the amount, computed as of the date of presentation of this claim, of $3,170.00.  

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

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

which occurred on  May 15, 1993, in the vicinity of:  
2338 Ranchito Drive, La Grange, CA.  

(PLACE WHERE INCIDENT OCCURRED)

Describe generally the facts and circumstances that give rise to the claim:  

(PLEASE USE BACK OF THIS PAGE IF MORE SPACE IS NEEDED.) 

THE ABOVE NOTED PROPERTY HAS BEEN VACANT 

FOR A YEAR OR MORE. I WAS NOTIFIED 

AROUND THE 15TH OF MAY 1993, BY MY REAL 

ESTATE AGENT, THAT THE SEWER HAD BACKED UP INTO THE HOUSE 

CAUSING THE DAMAGE. 

The name(s) of the public employee(s) causing claimant’s injuries or damages under the above-described circumstances is/are:  

Public Works or Sewer Department (I believe)
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)

- DUSTATION OF CARPET IN 2 BEDROOMS, DAMAGE
- TO FLOOR AND SUB-FLOOR IN 2 BATHROOMS, INFECTION
- OF WALLS AND FLOORS IN AFFECTED PORTION OF HOUSE

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

**Damages incurred to date:**

Expenses for medical and hospital care

$__________

Loss of earnings

$__________

Specific damages (ITEMIZE)

SEE ATTACHED CONTRACTOR'S ESTIMATE

$3,170.00

Other damages (ITEMIZE)

$__________

$__________

TOTAL DAMAGES INCURRED TO DATE:

$3,170.00

Estimated future damages as far as known from this incident:

Total estimated prospective damages:

$UNKNOWN

TOTAL AMOUNT CLAIMED AS OF DATE
OF PRESENTATION OF THIS CLAIM:

$3,170.00

All notices or other communications with regard to this claim should be sent
to claimant at: 690 WINDSOR DRIVE, BENICIA, CA 94510

(ADDRESS TO WHICH NOTICES ARE TO BE SENT)

Dated: 6/30/93  Signed: [Signature]

(CLAIMANT/AGENT FOR CLAIMANT)

**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.
Proposal Submitted To:
Name: Bon Hansen
Street: Napa
City: Napa
State: CA
Phone: (707) 224-7738

We hereby propose to furnish the materials and perform the labor necessary for the completion of:
- Clean or Disinfect walls & ceiling of affected areas
- Seal & Paint
- Remove & Replace Toilet Master Bath
- Replace Sub Floor
- Replace Toilet Guest Bath
- Clean & Disinfect Master Guest Bath Fixtures
- Replace Molding, Affected Areas
- Replace Master Bath & Bedroom Carpet
- Shampoo Bedroom & Hall, Off site Repair Trash
- Replace Master Bath & Bedroom Carpet

All material is guaranteed to be as specified, and the above work to be performed in accordance with the drawings and specifications submitted for above work and completed in a substantial workmanlike manner for the sum of $31,000.00.

With payments to be made as follows: upon

Any alteration or deviation from above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance upon above work. Workmen's Compensation and Public Liability Insurance on above work to be taken out by Bill Johnsen Const.

Respectfully submitted

Bill Johnsen

State License No: 609069

Note—This proposal may be withdrawn by us if not accepted within 15 days.

ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified.

Payment will be made as outlined above.

Signature

Date

Contractors are required by law to be licensed and regulated by the Contractor's State License Board. Any questions concerning a contractor may be referred to the Registrar, Contractors State License Board, 9839 Goethe Road, Sacramento, California. [Mailing Address: P.O. Box 26000, Sacramento, California 95827.]