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

Pass and adopt this Resolution approving Claim No. C92-15 in the amount of $1414.75 to reimburse State Farm Insurance Company for costs expended to repair their insured's vehicle. Additionally authorize Auditor to draw warrant, upon approval of this claim by the Board, in the amount of $1414.75 made payable to State Farm Insurance Company. Warrant should be forwarded to County Counsel's office for processing to claimant.

It appears that this is a reasonable claim and the County does have some liability in this matter.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board usually follows the recommendation by Counsel in these matters if there appears to be a reasonable claim.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Do not adopt this Resolution.
Claimant would not be reimbursed for cost of repairs.

<table>
<thead>
<tr>
<th>COSTS:</th>
<th>SPECIAL INSTRUCTIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Budgeted current FY</td>
<td>List the attachments and number the pages consecutively:</td>
</tr>
<tr>
<td>B. Total anticipated costs $1414.75</td>
<td>Claim No. C92-15</td>
</tr>
<tr>
<td>C. Required additional funding</td>
<td></td>
</tr>
<tr>
<td>D. Internal transfers</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOURCE:</th>
<th>ADMINISTRATIVE OFFICER'S RECOMMENDATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Unanticipated revenues $</td>
<td>This item on agenda as:</td>
</tr>
<tr>
<td>B. Reserve for contingencies $</td>
<td></td>
</tr>
<tr>
<td>C. Source description:</td>
<td></td>
</tr>
<tr>
<td>Balance in Reserve for Contingencies, if approved: $</td>
<td>Recommended</td>
</tr>
</tbody>
</table>

CLERK'S USE ONLY:

VOTE - AYES: 

Absent: 

( ) Minute Order Attached ( ) No Action Necessary

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

Date: 

ATTJEST: NARCIS WILLIAMS, Clerk of the Board County of Mariposa, State of California

By: Deputy

AUDITOR'S USE ONLY: 014-160-2-501

Action Form Revised 5/92
CLAIM FOR PERSONAL INJURIES AND/OR PROPERTY DAMAGES
(SECTION 910 OF THE GOVERNMENT CODE)

To the BOARD OF SUPERVISORS OF MARIPOSA COUNTY:

You are hereby notified that: (Please print)

Claimant: State Farm Ins. Co.

Whose address is: 140 W. Olive Ave.

City and State: Merced, CA Zip: 95340

claims damages from the COUNTY OF MARIPOSA in the amount, computed as of the date of presentation of this claim, of $1414.75

This claim is based on (check appropriate box or boxes)

☐ Property Damage ☐ Other (list)

☐ Personal Injury

☐ Contract

which occurred on 5 / 8 / 1992, in the vicinity of:

City Park, Mariposa, 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.)

County vehicle struck our insured’s vehicle, Dave Howby’s, as it pulled off the Access road into the parking lot.

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

Jerry Cannon, tel. 966-3463

4191 Usuana Rd., Mariposa, CA 95338
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: Injured vehicle was rendered a constructive total loss)

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) $________

Vehicle $1,414.75

Other damages (itemize) $________

$________

Total damages incurred to date: $________

Estimated future damages as far as known from this incident:

Total estimated prospective damages: $________

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

All notices or other communications with regard to this claim should be sent to claimant at: State Farm Ins. Co.

180 W. Olive Ave #11

Merced, CA 95340

(address to which notices are to be sent)

Dated: 8-3-92

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 Section 915) of this chapter not later than the 100th day 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 Section 915) of this chapter not later than one year after the accrual of the cause of action.