

MARIPOSA COUNTY
BOARD OF SUPERVISORS

AGENDA
ACTION FORM

DATE: August 18, 1992
AGENDA ITEM NO.: CA 2

DEPARTMENT: COUNTY COUNSEL

BY: JEFFREY G. GREEN

PHONE: 966-3625

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

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 ususally 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.

COSTS: () Not Applicable

A. Budgeted current FY \$ _____

B. Total anticipated costs \$ 1414.75

C. Required additional funding \$ _____

D. Internal transfers \$ _____

SOURCE: () 4/5ths Vote Required

A. Unanticipated revenues \$ _____

B. Reserve for contingencies \$ _____

C. Source description: Contingency

Balance in Reserve for Contingencies, if approved: \$ _____

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

Claim No. C92-15

CLERK'S USE ONLY:

Res. No.: 92-436 Ord. No. _____

Vote - Ayes: 3 Noes: _____

Absent: Boyd, Johnson 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
County of Mariposa, State of California

By: _____
Deputy

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:

Recommended

Not Recommended

For Policy Determination

Submitted with Comment

Returned for Further Action

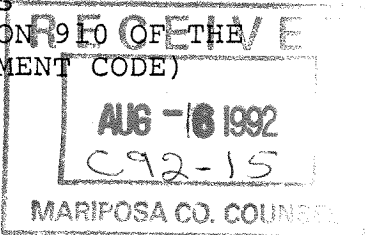
Comment: _____

A.O. Initials: [Signature]

County of Mariposa Claim Form

Claim of State Farm Ins. Co.)
(Claimant))
v.)
COUNTY OF MARIPOSA)

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: 1180 W. Olive Ave #K

City and State: Merced, CA Zip: 95348

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, 19 92, 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 Hornsby'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 Gann ; tel: 966-3463
4191 Usone Rd., Mariposa, CA 95320

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:) Insured's 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 \$ 1414.75

_____ \$ _____

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.,
1180 W. Olive Ave #K, Merced, Cal 95348
(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.