

MARIPOSA COUNTY  
BOARD OF SUPERVISORS

AGENDA  
ACTION FORM

DATE: November 10, 1992  
AGENDA ITEM NO. CAS

DEPT.: 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. C92-19 in the amount of \$65.00 for reimbursement of the cost of buffing out a vehicle which was over sprayed during the painting of the Lind House. Further authorize Auditor to draw warrant, upon approval by the Board, in the amount of \$65.00 made payable to Joseph Sebastian. Warrant should be forwarded to County Counsel's office for processing to claimant. Based upon discussions with personnel of the Public Works Department, 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 Counsel's recommendation in matters of this nature.

**LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**  
Claimant would not be reimbursed for cost of buffing out vehicle.  
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 \$ \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**  
List the attachments and number the pages consecutively:  
Claim No. C92-19 w/attached  
job work order

**SOURCE:** ( ) 4/5ths Vote Required  
A. Unanticipated revenues \$ \_\_\_\_\_  
C. Reserve for cntngncies \$ \_\_\_\_\_  
D. Source Description: \_\_\_\_\_

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

**CLERK'S USE ONLY:**  
Res. No.: 92-570 Ord. No.: \_\_\_\_\_  
Vote: Ayes: 4 Noes: \_\_\_\_\_  
Absent: None Abstained: \_\_\_\_\_  
None Approved ( ) Denied  
( ) Minute Order Attached  
( ) No Action Necessary

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

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

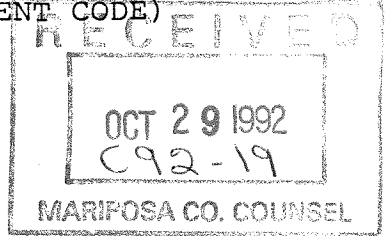
DATE: \_\_\_\_\_  
ATTEST: MARGIE WILLIAMS  
Clerk of the Board of Supervisors  
County of Mariposa, State of Calif.  
By: \_\_\_\_\_  
Deputy

Comment: \_\_\_\_\_  
\_\_\_\_\_  
A.O. Initials: [Signature]

County of Mariposa Claim Form

Claim of Joseph Sebastian  
(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: Joseph Sebastian

Whose address is: 3529 Hilltop Dr.

City and State: Mariposa, Ca Zip: 95338

claims damages from the COUNTY OF MARIPOSA in the amount, computed as of the date of presentation of this claim, of \$ 6500

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

- Property Damage  Other (list) \_\_\_\_\_
- Personal Injury \_\_\_\_\_
- Contract \_\_\_\_\_

which occurred on Oct 5, 1992, in the vicinity of:

Mariposa Counseling Center 5085 Bullion St Mariposa  
(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.)

My CAR WAS PARKED IN THE FRONT PARKING LOT OF THE MARIPOSA COUNSELING CENTER. PAINTERS WERE SPRAY PAINTING THE "NEW" D.A.'S OFFICE NEXT DOOR AND WHEN I CHECKED MY CAR THE NEXT DAY IT HAD WHITE PAINT OVER THE ENTIRE CAR. [1990 TOYOTA CELICA-RED-2UPB805

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

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:) I had to pay to have car buffed out to remove paint.

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) \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Other damages (itemize) \$ \_\_\_\_\_

Buff out entire car \$ 65<sup>00</sup>

\_\_\_\_\_ \$ \_\_\_\_\_

Total damages incurred to date: \$ 65<sup>00</sup>

Estimated future damages as far as known from this incident:

Total estimated prospective damages: \$ 0

TOTAL AMOUNT CLAIMED AS OF DATE OF PRESENTATION OF THIS CLAIM: \$ 65<sup>00</sup>

All notices or other communications with regard to this claim should be sent to claimant at: 3529 Hilltop Dr Mariposa, Ca

(address to which notices are to be sent)

Dated: 10/24/92 Signed: Joseph Sebastian  
(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.


# JOB WORK ORDER

JOB NAME <b>NASH VILLANUEVA</b>		DATE <b>10-19-92</b>
JOB LOCATION		SEND BILL TO <b>JOSEPH SABASTIAN</b>
CITY <b>MERCED, CALI</b>		ADDRESS <b>3529 HILL TOP DR.</b>
PHONE <b>722-8016</b>	APT.	CITY <b>MARIPOSA</b>
		<input type="checkbox"/> DAY WORK <input checked="" type="checkbox"/> CONTRACT <input type="checkbox"/> EXTRA

DESCRIPTION OF WORK:  <b>BUFF out ENTIRE CAR, TO REMOVE WHIT PAINT, THAT WAS OVER SPAYED OVER ENTIRE CAR</b>	STARTING DATE _____ 19____  DAY OF WEEK <b>MON</b> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.  Mechanic _____  Helper _____
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	TOTAL LABOR	<b>65.00</b>
	TOTAL MATERIAL	
	TAX	
<input type="checkbox"/> TOTAL AMOUNT DUE FOR ABOVE WORK: OR <input type="checkbox"/> BILLING TO BE MAILED AFTER COMPLETION OF WORK		\$ <b>65.00</b>

I hereby acknowledge the satisfactory completion of the above-described work.

  
 CUSTOMER'S SIGNATURE  NO ONE HOME

Work Ordered By	Date Completed	Order Taken By
	Received Payment By:	