MARIPOSA COUNTY
BOARD OF SUPERVISORS
AGENDA ACTION FORM
DEPT.: COUNTY COUNSEL
BY: JEFFREY G. GREEN
PHONE: 966-3625

AGENDA ITEM NO. CAS

DATE: November 10, 1992

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

SOURCE: ( ) 4/5ths Vote Required
A. Unanticipated revenues $________
C. Reserve for contngncies $________
D. Source Description: __________________________

Balance in Reserve for Contingencies, if approved: $________

CLERK'S USE ONLY:
Res. No.: 92-570 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: __________

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
County of Mariposa Claim Form

Claim of Joseph Sebastian

v.

COUNTY OF MARIPOSA

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 $650.00

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 DA's" office next door and when I checked my car the next day it had white paint over the entire car 1990 TOYOTA CAMRY 6D-2UPB805

The name(s) of the public employee(s) causing claimant's injuries or damages under the above described circumstances (is) (are):
County of Mariposa Claim Form
Page Two

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 $65.00
$_______

Total damages incurred to date: $65.00

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: $65.00

All notices or other communications with regard to this claim
should be sent to claimant at: 3524 H.Hwy Dr Mariposa, CA
(address to which notices are to be sent)

Dated: 10/24/92 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.
JOB WORK ORDER

NASH, VILLANUEVA

JOB NAME

DATE 10-19-92

JOSEPH SABASTIAN

SEND BILL TO

3529, HILL TOP DR.

ADDRESS

MERCEDEZ, CAL.

CITY

MARIPOSA

CITY

PHONE 722-8016

APT.

DAY WORK ☐ CONTRACT ☐ EXTRA ☐

DESCRIPTION OF WORK:

BUFF OUT ENTIRE

CAR, TO REMOVE WAX

PAINT, OR THAT WAS

OVER SPRAYED OVER

ENTIRE CAR

STARTING DATE

19

DAY OF

WEEK MON

☐ A.M. ☐ P.M.

Mechanic

Helper

TOTAL LABOR 65.00

TOTAL MATERIAL

TAX

$ 65.00

TOTAL AMOUNT DUE FOR ABOVE WORK: OR

BILLING TO BE MAILED AFTER COMPLETION OF WORK

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

CUSTOMER'S SIGNATURE ☐ NO ONE HOME

Work Ordered By

Date Completed

Received Payment By:

Order Taken By

AIGNER FORM NO. 65-025  TRIPlicate  AIGNER FORM NO. 65-016  Duplicate

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