

DEPARTMENT: County Counsel

BY: Jeffrey G. Green

PHONE: 966-3222

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

Authorize Chair to sign an Order of the Board to reject Claim No. C02-7 in the amount of \$466.48. Claimant is requesting reimbursement for damage to her windshield sustained from a rock where road potholes were repaired. Counsel is requesting denial of this claim, as the County is not liable for loose rocks on a roadway.

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:

- Reject claim as recommended.
- Take no action; claim will automatically be denied if no action is taken.

COSTS: (x) 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:

CLERK'S USE ONLY:

Res. No.: 02-203 Ord. No. _____

Vote - Ayes: _____ Noes: _____

Absent: _____ Abstained: _____

() 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

Comment: _____

A.O. Initials: JMG

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

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JEFFREY G. GREEN
County Counsel
P. O. Box 189
5100 Bullion Street
Mariposa, CA 95338

BEFORE THE BOARD OF SUPERVISORS

OF

MARIPOSA COUNTY, STATE OF CALIFORNIA

In the Matter of:)
)
CLAIM FOR DAMAGES PURSUANT)
TO GOVERNMENT CODE § 911.6)
_____)

CLAIM NO. 02-7

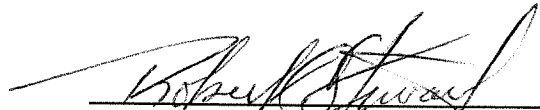
SHARON REINHARDT, La Grange, California, having filed with this Board on May 28, 2002, a claim for damages in the amount of \$466.48.

NOW, THEREFORE, IT IS ORDERED by the Board of Supervisors that the claim is hereby rejected.

The foregoing order was passed by the following vote of the Board:

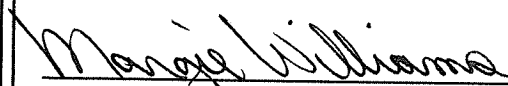
AYES: Parker, Reilly, Stewart, Pickard, Balmain
NOES: None
ABSENT: None
ABSTAINED: None

Dated this 11th day of June, 2002.



ROBERT C. STEWART, Chair
Board of Supervisors

ATTEST:


MARGIE WILLIAMS, Clerk of the Board

1 TO: Sharon Reinhardt
2 9122 Capullo
3 La Grange, California 95329

4 RE: CLAIM FOR DAMAGES (Sharon Reinhardt-Claim No. C02-7)
5 AMOUNT OF CLAIM: \$466.48
6 NOTICE OF REJECTION

7 NOTICE IS HEREBY GIVEN that the claim, which you presented to the Board of Supervisors
8 of Mariposa County on May 28, 2002 was rejected by action of the Board on June 11, 2002.

9 WARNING

10 "Subject to certain exceptions, you have only six (6) months from the date this notice was
11 personally delivered or deposited in the mail to file a court action on this claim." (See Government Code
12 § 945.6)

13 "NOTE: This six-month filing period applies only to State Court actions. If your action is based
14 on federal law and/or you intend to file it in Federal Court, a shorter or longer period within which to file
15 the action may apply."

16 "You may seek the advice of an attorney of your choice in connection with this matter. If you
17 desire to consult an attorney, you should do so immediately."

18 JEFFREY G. GREEN
19 Mariposa County Counsel

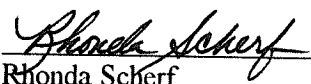
20 PROOF OF SERVICE BY MAIL (1013a, 2015.5 C.C.P.)

21 STATE OF CALIFORNIA, COUNTY OF MARIPOSA:

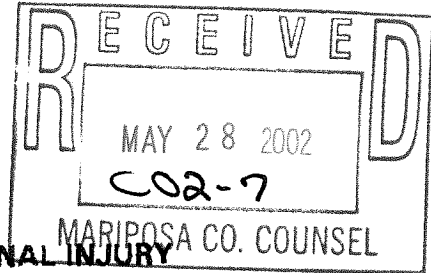
22 I am a citizen of the United States and a resident of the County aforesaid. I am over the age of
23 eighteen years and not a party to the within entitled action; my business address is 5100 Bullion Street
24 (P.O. Box 189), Mariposa, CA 95338. On June 17, 2002, I served the within Notice of Rejection of
25 Claim on the claimant in said action by placing a true copy in a postage paid envelope addressed to the
26 person(s) hereinafter listed, by depositing said envelope in the U.S. Mail, or by placing a copy into an
27 inter-office delivery receptacle located in Counsel's office:

28 Sharon Reinhardt
9122 Capullo
La Grange, CA 95329

I declare, under penalty of perjury, that the foregoing is true and correct. Executed on June 17,
2002 at Mariposa, California.


Rhonda Scherf

COUNTY OF MARIPOSA CLAIM FORM



CLAIM OF Reinhardt
(Claimant)

CLAIM FOR PERSONAL INJURY
AND/OR PROPERTY DAMAGE
(Government Code § 910)

v.

COUNTY OF MARIPOSA

TO THE BOARD OF SUPERVISORS OF MARIPOSA COUNTY:

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

Claimant: Sharon Reinhardt

Whose address is: 9122 Capullo

City and State: La Grange CA Zip: 95329

claims damages from the COUNTY OF MARIPOSA in the amount, computed as of the date of presentation of this claim, of \$ 466.48.

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

Property Damage Other (LIST)

Personal Injury _____

Contract _____

which occurred on or about 5/16, 2002, in the vicinity of:

Merced Falls Road towards Lake McClure
(MONTH/DAY)

where road pot holes were repaired
(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.)

While traveling to my job in Merced on
Merced Falls Road a week or so ago, I
heard a "tick" noise, later noticed a chip on my
windshield. The chip has enlarged to a big crack.

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)

Broken windshield - non repairable.

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 \$ 0

Loss of earnings \$ 0

Specific damages (ITEMIZE) \$ _____

_____ \$ _____

_____ \$ _____

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: \$ 466.40

All notices or other communications with regard to this claim should be sent to claimant at: 9122 Capullo, La Grange, CA. 95329
(ADDRESS TO WHICH NOTICES ARE TO BE SENT)

Dated: 5/23/02 Signed: Sharon Mishardt
(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.



MAIN OFFICE: (209) 571-9944 FED ID#: 77-0473458
 FAX: (209) 571-9966 BAR #: AK201793

REMIT TO: PO BOX 576480, MODESTO, CA 95357
 LOCATION: 142 N. 9TH ST., SUITE 1, MODESTO, CA 95350
 720 E. HAMMER LN., B5, STOCKTON, CA 95210

Quote: 3554
 Date: 05/20/2002

Customer
 SHARON REINHARDT
 MERCED CA

H (209)852-9884

Csr: WC Tech: Terms: C.O.D

Vehicle: 1998 VOLVO S70 4 DOOR SEDAN

Qty	Part / Description	List Price	Material	Labor	Item Total
1	FW02052GBYP Windshield Green Tint/Blue Shad	1278.70	379.00	60.00	439.00
1.00	HAH016003 Adhesive(Urethane,dam,primer)(2.0 High Modulus)	155.00	0.00	0.00	0.00

Notes: Any questions, please contact Wendy.

Quote Message - Auto

By Initialing _____ I hereby understand that all windshield repairs, by their nature, could run or continue to crack and that A-Tek Glass will not be held responsible for such breakage. I also understand A-Tek Glass will not be held liable for paint peeling/bleeding due to removal of tape necessary for installation purposes and/or removal of old moldings/rubbers. In addition, you will not be responsible for the breakage of any glass which is furnished by me (the customer) and owners or damage to film tint, vinyl tops, or moldings during removal, installing or sealing of the windshield. Receipt of a copy of this order is hereby acknowledged.
 I, the registered Owner/Agent, authorize you to perform the above repairs and furnish the necessary materials; I understand any cost quoted heretofore is an estimate only. Your employees may operate the vehicle for inspection, testing, delivery at my risk. You will not be responsible for loss or damage to vehicle or articles left in it. I agree that if this claim is not covered by my insurance as originally intended, or if my insurance company rejects or only partially pays this amount, the full balance is due and will be paid by the 10th of the month following invoice date. Initials: _____

Material	Labor	Tax	Total	Deductible	Brit/Depre.	Payments	Balance
379.00	60.00	27.48	466.48	0.00	0.00	0.00	466.48

SIGNATURE X _____ DATE _____ vers:6.3.3 Page: 1

TERMS AND CONDITIONS OF SALE: • Net 30 days, service charge of 1.5% per month (18% annually) will be charged on overdue accounts from the due date until received. • Legal costs, fees and expenses of collection will be paid by the purchaser. • No cash settlement can be made for glass replacement.

A-TEK Glass Dealers Guarantee: This Windshield is guaranteed against water and air leakage to the original purchaser as long as he owns the vehicle on which it is installed. Any leakage that may occur after installation will be promptly corrected by A-Tek Glass Centers without any charge whatsoever to the customer. Should the windshield be repaired (not replaced) and not to the total satisfaction of the customer, A-Tek Glass Centers will credit the amount charged for the repair towards the purchase and installation of a new windshield in the said vehicle.

SALES TAXES COLLECTED BY THE STATE OF CALIFORNIA

Quote
UNQUOTE

ACCOUNT NO. AGENT NO. PURCHASE ORDER NO. DATE

CUSTOMER STATE TAX OR EXEMPT NO. CUSTOMER FEDERAL TAX I.D. NO. ADV CODE SALESMAN I.D. ORDER TAKEN BY INSTALLED BY FEDERAL TAX I.D. NO. 77-0205060

BILL TO:

FAX # 852-9884

SOLD TO:

INSURANCE PROOF OF LOSS

INSURANCE CO. POLICY NO.
INSURANCE CO. PHONE NO. CLAIM NO.
POLICY NAME CAUSE & LOSS LOCATION
AGENT NAME VERIFIED BY
AGENT PHONE DATE OF LOSS DEDUCTIBLE

VEHICLE INFORMATION

MAKE MODEL YEAR DOORS
ODOMETER LICENSE VEHICLE I.D. NO.

Qty	Part Number	Description	Adhesive	Labor	List	Disc %	Net	Total
1
1
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Glass Quote

RECEIVED BY

AUTHORIZATION TO PAY
I hereby authorize and empower the above-named insurance company to pay this invoice in full settlement, satisfaction and discharge of all loss under the above policy. Upon such payment, all rights I may have for claim and demand for loss and damage described above against the above named insurance company shall be thereby forever discharged. In the event that the above named insurance company does not make timely and/or full payment of this invoice according to its terms, I hereby accept responsibility for such payment and agree to pay all charges reflected on this invoice to the above named glass company subject to and according to all terms and conditions on this invoice.

CUSTOMER'S SIGNATURE

TOTAL SALE TERMS Cash 702.50

TERMS: PAYABLE ON THE 10TH OF THE MONTH FOLLOWING PURCHASE. SERVICE CHARGE OF 1.5% PER MONTH (18% PER ANNUM) WILL BE CHARGED ON DEFERRED ACCOUNTS.

