

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. C00-6 for an undisclosed amount. The claimant is requesting reimbursement for damage to the front fender of her vehicle in addition to injuries sustained during a collision with a Public Works vehicle moving in the opposite direction. Due to information provided in a report by the Public Works Department, Counsel is requesting denial of this claim.

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.: 00-282 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  
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: MW

**COUNTY OF MARIPOSA CLAIM FORM**

JUL 17 2000  
C00-6

CLAIM OF CAROLYN DORRIS )  
(Claimant) )  
v. )  
COUNTY OF MARIPOSA )  
\_\_\_\_\_ )

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

TO THE BOARD OF SUPERVISORS OF MARIPOSA COUNTY:

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

Claimant: CAROLYN L. DORRIS  
Whose address is: 4682 OLD HWY  
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 \$ \_\_\_\_\_.

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

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

which occurred on 05/31/00, 2000, in the vicinity of:  
(MONTH/DAY)      19  

(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.)

I WAS TRAVELING WEST ON ASHWORTH, A DIRT ROAD, AT ABOUT 15 MILES AN HOUR. AS I TURNED THE CURVE A COUNTY TRUCK DRIVEN BY DINO BROCHINI, SPED AROUND THE CURVE AT A HIGH RATE OF SPEED AND HIT MY CAR ON THE DRIVERS SIDE, FRONT FENDER, DESTROYING THE HEADLIGHT AND FENDER.

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

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)

NECK, BACK PAIN, NUMBNESS IN ARMS, HEADACHES.  
DR LYONS PRESCRIBED PHYSICAL THERAPY AND PAIN  
MEDICATION. THERAPY TO START FOR 6 WEEKS

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)

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

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

**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:** \$ \_\_\_\_\_ *SEE ATTACHED*

All notices or other communications with regard to this claim should be sent

to claimant at: 4682 OLD Highway, Mariposa, CA 95338

(ADDRESS TO WHICH NOTICES ARE TO BE SENT)

Dated: 7-13-00

Signed: Carolyn J. Davis

(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.

07/07/2000 at 02:51 PM  
43528

Job Number:

**MARIPOSA AUTO BODY**

License #:#:AH 201199 Federal ID #:770169255

"WE MET BY ACCIDENT"

4086-B BEN HUR ROAD

MARIPOSA, CA 95338

(209)966-5409

**PRELIMINARY ESTIMATE**

Written by: George Thomas #

Adjuster:

**Insured:** CAROLINE DORRIS

**Owner:** CAROLINE DORRIS

**Address:**

**Day:**

**Evening:**

**Claim #**

**Policy #**

**Deductible:**

**Date of Loss:**

**Type of Loss:**

**Point of Impact:** 11. Left Front

**Inspect**

**Location:**

**Insurance**

**Company:**

Days to Repair

1978 FORD FAIRMONT 4D SED Int:

**VIN:** 8A92T104144

**Lic:** 3HUR378

**CA Prod Date:**

**Odometer:** 101198

Clear Coat Paint

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1#	Repl	LT FENDER	1	250.00	2.0	0.0
2#	Refn	LT FENDER	0	0.00	0.0	2.0
3#	Repl	FRT. BUMPER	1	150.00	1.5	0.0
4#	Repl	INNER FENDER LINNER	1	70.00	0.8	0.0
5#	Repl	FENDER EXTENSION	1	50.00	0.2	0.0
6#	Repl	LT HL ASS	1	100.00	1.5	0.0
7#	Repl	BODY SIDE MOLDING	1	25.00	0.5	0.0
8#	Rpr	RADIATOR SUPORT	0	0.00	2.0	0.0

07/07/2000 at 02:51 PM  
43528

Job Number:

**PRELIMINARY ESTIMATE**

1978 FORD FAIRMONT 4D SED Int:

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
9#	Rpr	ELECTRICLE	0	0.00	1.0	0.0
10#		WHEEL ALIGN.	1	65.00	0.0	0.0
11#	Blnd	LT FRT DOOR	0	0.00	0.0	1.0
12#	Blnd	HOOD	0	0.00	0.0	1.0
13#		CAR BAG	1	3.00	0.0	0.0
14		OTHER CHARGES				
15#	E.P.C.		1	3.00		

Subtotals ==> 716.00 9.5 4.0

Parts 713.00  
Body Labor 9.5 hrs @ \$ 48.00/hr 456.00  
Paint Labor 4.0 hrs @ \$ 48.00/hr 192.00  
Paint Supplies 4.0 hrs @ \$ 23.00/hr 92.00  
Other Charges 3.00

SUBTOTAL \$ 1456.00  
Sales Tax \$ 805.00 @ 7.2500% 58.36

GRAND TOTAL \$ 1514.36

ADJUSTMENTS:  
Deductible 0.00

CUSTOMER PAY \$ 0.00  
INSURANCE PAY \$ 1514.36

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 ) CLAIM NO. C00-6  
TO GOVERNMENT CODE § 911.6 )  
\_\_\_\_\_ )

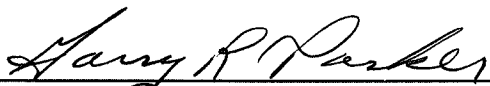
CAROLYN L. DORRIS, 4682 Old Highway, Mariposa, California, having filed with this Board on July 17, 2000, a claim for damages for an undetermined amount.

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

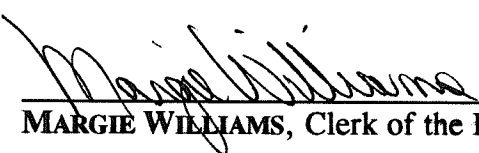
The foregoing order was passed by the following vote of the Board:

AYES: REILLY, BALMAIN, STEWART, PARKER, PICKARD  
NOES: NONE  
ABSENT: NONE  
ABSTAINED: NONE

Dated this 8th day of August, 2000.

  
\_\_\_\_\_  
GARRY R. PARKER, Chairman  
Board of Supervisors

ATTEST:

  
\_\_\_\_\_  
MARGIE WILLIAMS, Clerk of the Board

TO: Carolyn L. Dorris  
4682 Old Highway  
Mariposa, CA 95338

RE: CLAIM FOR DAMAGES (Claim No. 00-6) AMOUNT OF CLAIM: undetermined  
NOTICE OF REJECTION

NOTICE IS HEREBY GIVEN that the claim, which you presented to the Board of Supervisors of Mariposa County on July 17, 2000 was rejected by action of the Board on August 8, 2000.

**WARNING**

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

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

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

JEFFREY G. GREEN  
Mariposa County Counsel

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

STATE OF CALIFORNIA, COUNTY OF MARIPOSA:

I am a citizen of the United States and a resident of the County aforesaid. I am over the age of eighteen years and not a party to the within entitled action; my business address is 5100 Bullion Street (P. O. Box 189), Mariposa, CA 95338. On September 5, 2000, I served the within Notice of Rejection of Claim No. C99-11 on the claimant in said action by placing a true copy in a postage paid envelope addressed to the person(s) hereinafter listed, by depositing said envelope in the U.S. Mail, or by placing a copy into an inter-office delivery receptacle located in Counsel's office:

Carolyn L. Dorris  
4682 Old Highway  
Mariposa, CA 95338

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed on September 5, 2000 at Mariposa, California.

  
Rhonda Scheff