

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. C00-7 for an undetermined amount. The claimant is requesting reimbursement for damage to her vehicle in addition to injuries sustained when her vehicle was rear-ended by a County vehicle. Claimant has failed to provide information relative to damages and injuries sustained. Therefore, 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.: 00-288 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

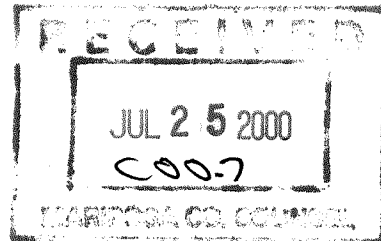
_____ For Policy Determination

_____ Submitted with Comment

_____ Returned for Further Action

Comment: _____

A.O. Initials: JG



COUNTY OF MARIPOSA CLAIM FORM

CLAIM OF Nancy Lewis) CLAIM FOR PERSONAL INJURY
 (Claimant)) 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: Nancy E. Lewis
 Whose address is: 1332 Scott Ave #103
 City and State: Clowis CA Zip: 93612

claims damages from the COUNTY OF MARIPOSA in the amount, computed as of the date of presentation of this claim, of \$ In the process of inspecting vehicle

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

- Property Damage < > Other (LIST) _____
- Personal Injury _____
- < > Contract _____

which occurred on July 10, 2000, in the vicinity of:

Hwy 140 & Hwy 49, 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.)

Nancy Lewis was Rear Ended by Dave Goger while he was driving a county Blazer

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

Dave Goger

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

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: \$ pending

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: 1332 Scott Ave #103, Clovis CA 93612

(ADDRESS TO WHICH NOTICES ARE TO BE SENT)

Dated: 7-13-00 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 § 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.



SAFECO PROPERTY & CASUALTY INSURANCE COMPANIES

Fountain Valley Branch
17570 Brookhurst Street
Fountain Valley, CA 92708-4792

Phone: 1-888-557-5010
Fax: (714) 965-8762

MARIPOSA COUNTY COUNSEL
ATTEN RHONDA SCHERF
PO BOX 189
MARIPOSA, CA 95338

Mailing Address:
PO Box 25150
Santa Ana, CA 92799-5150

OUR INSURED: NANCY LEWIS
POLICY # A2327499
CLAIM # 19A001932038
DATE OF LOSS: JULY 10, 2000

Dear Ms. Scherf,

Enclosed is your County claim form which I have completed. Please file a claim and have the adjuster on your end contact me to discuss liability.

Thank you for you help,

A handwritten signature in cursive script, appearing to read 'Glory Ann Tyrpak'.

Glory Ann Tyrpak
SAFECO Corporation
714-965-6598
Fax # 714-965-8762

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. C00-7
TO GOVERNMENT CODE § 911.6)
_____)


NANCY E. LEWIS, 1332 Scott Avenue, #103, Clovis, California, having filed with this Board on July 25, 2000, a claim for damages in 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:

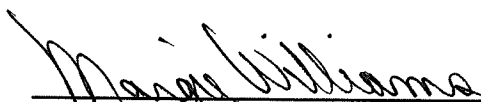
AYES: REILLY, BALMAIN, STEWART, PARKER, PICKARD
NOES: NONE
ABSENT: NONE
ABSTAINED: NONE

Dated this 8th day of August, 2000.



GARRY R. PARKER, Chair
Board of Supervisors

ATTEST:



MARGIE WILLIAMS, Clerk of the Board

TO: Nancy E. Lewis
1332 Scott Avenue, #103
Clovis, CA 93612

RE: CLAIM FOR DAMAGES (Claim No. 00-7) 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 25, 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. C00-7 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:

Nancy E. Lewis
1332 Scott Avenue, #103
Clovis, CA 93612

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

Executed on September 5, 2000 at Mariposa, California.


Rhonda Scherf