

DEPARTMENT: County Counsel BY: Jeffrey G. Green PHONE: 966-3222

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

Authorize Chair to sign an Order of the Board to reject Claim No. C98-27 in the amount of \$223.83. The claimant is requesting reimbursement for repair to a damaged windshield as a result of a rock that struck his windshield which allegedly came from a County water tender. The County does not have any liability in this matter as driving on any road carries inherent risks.

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:

Claim No. C98-27.
Notice of Rejection.

CLERK'S USE ONLY: 99-81

Res. No.: _____ Ord. No. _____

Vote - Ayes: 5 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: JG

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

1 JEFFREY G. GREEN
2 County Counsel
3 P. O. Box 189
4 5100 Bullion Street
5 Mariposa, CA 95338

6 BEFORE THE BOARD OF SUPERVISORS

7 OF

8 MARIPOSA COUNTY, STATE OF CALIFORNIA

9 In the Matter of:)
10 CLAIM FOR DAMAGES PURSUANT) CLAIM NO. C98-27
11 TO GOVERNMENT CODE § 911.6)
12 _____)


13 **GREG D. TANNER**, 622 Daisyfield Drive, Livermore, CA 94550, having filed with
14 this Board on December 16, 1998, a claim for damages in the amount of \$223.83.

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


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

18 AYES: Reilly, Balmain, Stewart, Parker, Pickard
19 NOES: None
20 ABSENT: None
21 ABSTAINED: None

22 Dated this 16th day of March, 1999.

23 
24 BOB PICKARD, Chair
25 Board of Supervisors

26 ATTEST:

27 
28 MARGIE WILLIAMS, Clerk of the Board

1 TO: Greg D. Tanner
2 622 Daisyfield Drive
3 Livermore, CA 94550

4 RE: CLAIM FOR DAMAGES (Claim No. C98-27) AMOUNT OF CLAIM: \$223.83
5 NOTICE OF REJECTION

6 NOTICE IS HEREBY GIVEN that the claim, which you presented to the Board of
7 Supervisors of Mariposa County on December 16, 1998 was rejected by action of the Board on
8 March 16, 1999.

9 **WARNING**

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

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

16 "You may seek the advice of an attorney of your choice in connection with this matter.
17 If you 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
23 age of eighteen years and not a party to the within entitled action; my business address is 5100
24 Bullion Street (P. O. Box 189), Mariposa, CA 95338. On April 9, 1999, I
25 served the within Notice of Rejection of Claim No. C98-27 on the claimant in said action by
26 placing a true copy in a postage paid envelope addressed to the person(s) hereinafter listed, by
27 depositing said envelope in the U.S. Mail, or by placing a copy into an inter-office delivery
28 receptacle located in Counsel's office:

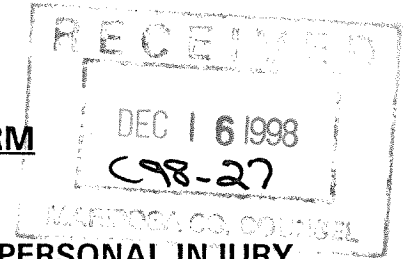
Greg D. Tanner
622 Daisyfield Drive
Livermore, CA 94550

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

Executed on April 9, 1999 at Mariposa, California.


Sandra V. Adams

COUNTY OF MARIPOSA CLAIM FORM



CLAIM OF GREG D. TANNER)
(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: GREG D. TANNER

Whose address is: 622 DAISYFIELD DR.

City and State: LIVERMORE, CA Zip: 94550

claims damages from the **COUNTY OF MARIPOSA** in the amount, computed as of the date of presentation of this claim, of \$ 223.83.

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

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

which occurred on _____, 1998, in the vicinity of:
(MONTH/DAY)

Mariip HWY. 49 / MARIPOSA COUNTY.
(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.)

A CITY
✓ WATER TRUCK PULLED OUT IN FRONT OF MY '95 BRONCO
WHILE I WAS PULLING MY BOAT AT 55 MPH. THE CITY WATER
TRUCK DID NOT OBSERVE ONCOMING TRAFFIC, FAILED TO SIGNAL,
AND ENTERED TRAFFIC AT AN UNSAFE SPEED.

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

THE DRIVER WOULD NOT PROVIDE ME WITH HIS NAME. THE
FIRE CHIEF TOOK DOWN ALL INFORMATION. (BLAINE SHULTZ)

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)

NO INJURIES HAVE BEEN NOTICED AT THIS TIME.

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 \$ ϕ

Loss of earnings \$ ϕ

Specific damages (ITEMIZE)

WINDSHIELD WAS REPLACED \$ ϕ

IN '95 BRONCO. \$ 223.83

Other damages (ITEMIZE)

NONE \$ ϕ

_____ \$ ϕ

TOTAL DAMAGES INCURRED TO DATE: \$ 223.83

Estimated future damages as far as known from this incident:

Total estimated prospective damages: \$ ϕ

TOTAL AMOUNT CLAIMED AS OF DATE

OF PRESENTATION OF THIS CLAIM: \$ 223.83

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

to claimant at: 622 DAISYFIELD DRIVE, LIVERMORE, CA 94550

(ADDRESS TO WHICH NOTICES ARE TO BE SENT)

Dated: 12-14-98

Signed: 

(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.

Authorized by
All parts are new unless otherwise specified.

INVOICE 06291-292039

SAFELITE AUTOGLASS
3829 FIRST ST.
LIVERMORE, CA. 94550

ORG DATE : 07-07-98 INST
07-08-98 15:34:10 848-457-003707-W BD

** SERVICE QUESTIONS **
** CALL 925 447-0646 **

CUSTOMER GREG TANNER
622 DAISY FIELD DRIVE
LIVERMORE, CA 94550
HOME : 925-294-5913
WORK :
POLICY #:
CLM#:
ATH/VER:
PO#/REF:
LOSS LOC:
LOSS DATE/CAUSE:

CASH SAN FRANCISCO
PO BOX 182278
COLUMBUS, OH 43272 6867

800 835-2257
005274-087360-005274 PAGE 1

YEAR MAKE	MODEL	BODY STYLE	MILEAGE	LICENSE	ST	STOCK #
1995 FORD	UTILITY/VAN	BRONCO (1996-80)	2D	UTILITY		
VEHICLE ID #						ARR: MOBILE

QTY	PART #	LIST	SELLING	LABOR	2PRT	KIT	MTRL	EXTENSION
1	DW01099 GBN	1216.30	206.77					206.77
001910 - WINDSHIELD - NAGS/HR: 3.50								

PART SUB TOTAL 206.77
 LABOR SUB TOTAL 0.00
 SUB TOTAL 206.77
 SALES TAX 17.06
 INVOICE TOTAL 223.83
 CHECK 4067 223.83

CMT:

By signing below, I hereby acknowledge that SAFELITE Glass Corporation has provided the above-referenced goods and services to my satisfaction. I have read and understand the warning concerning adhesive cure times on the back of this form.

Authorized signature _____ Date _____

CASH SAN FRANCISCO
PO BOX 182278
COLUMBUS, OH 43272 6867
800 835-2257

 *
 *
 *
 * PAID IN
 * FULL
 *
 * SAFELITE TAX ID #= 13-3386709

STORE COPY