

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. C99-2 in the amount of \$289.07. The claimant is requesting reimbursement for replacement of a broken windshield. Claimant alleges while driving Northbound on Highway 49 behind a County truck that a rock flew out from under the tire of the truck, striking her windshield and cracking it on the driver's side. According to staff at the Public Works Department, Vehicle #933 (1 ton Chevy 4X4 Pickup) was in the area as stated in the claim, and had just been driving on gravel. Staff believes that small rocks may have been stuck in the tires' tread and then released when on Highway 49, however, this is a normal road hazard as driving on any road carries inherent risks. Counsel does not believe the County has any liability exposure 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:

- 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. C99-2.
Notice of Rejection.

CLERK'S USE ONLY: 99-136

Res. No.: _____ Ord. No. _____

Vote - Ayes: 5 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

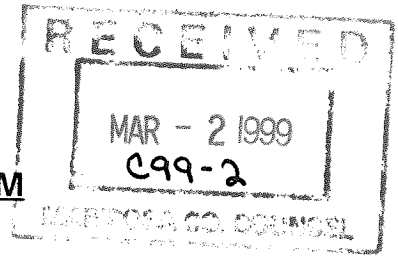
By: _____
Deputy

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: *[Signature]*



COUNTY OF MARIPOSA CLAIM FORM

CLAIM OF _____)
(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: Brandy Engman
Whose address is: 4125 Usoraya Rd.
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 \$ 28907

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

- Property Damage (checked)
Other (LIST)
Personal Injury
Contract

which occurred on 3-1, 1999, in the vicinity of:
on Hwy 49 northbound.

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 driving behind a truck and a rock came flying from the County truck and struck my windshield cracking it on the drivers side. The truck pulled over and instructed me to go to county office and file claim. The name(s) of the public employee(s) causing claimant's injuries or damages under the above-described circumstances is/are: truck # 993 through a rock and it cracked my windshield. on the

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)

Driver's Side

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)

Replace windshield \$ 289.07

_____ \$ _____

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: \$ 289.07

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

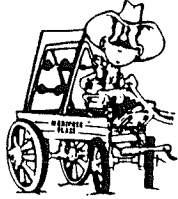
to claimant at: Brandy Engman PO Box 490 Mariposa
(ADDRESS TO WHICH NOTICES ARE TO BE SENT) Ca. 95338

Dated: 3-2-99

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.



MARIPOSA GLASS

Ph. 209-966-3292
5006 FAIRGROUNDS DRIVE
MARIPOSA, CA 95338
Lic. #596509
FAX 209-966-4708

QUOTATION

N^o

PLEASE INDICATE THE ABOVE NUMBER WHEN ORDERING

TO Brandy Engman

Quotation Date 3-2-99 Salesperson Mary

966-6347

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	Replace Windshie Id		
	1984 Nissan Sentra		
	2 dr.		
1	FW440 BGN		133 92
1	NCR 440 Weatherstrip w/ Trim Groove		50 68
1	Urethane Kit		15 -
			199 60
	Sales Tax		14 47
			214 07
	Labor		75 -
			<u>\$289 07</u>

WE ARE PLEASED TO SUBMIT THE ABOVE QUOTATION FOR YOUR CONSIDERATION. SHOULD YOU PLACE AN ORDER, BE ASSURED IT WILL RECEIVE OUR PROMPT ATTENTION. THIS QUOTATION IS VALID FOR 30 DAYS. THEREAFTER IT IS SUBJECT TO CHANGE WITHOUT NOTICE.

BY Daniel C. Milley/mf ACCEPTED _____ DATE _____

SIGN AND RETURN YELLOW ACCEPTANCE COPY WHEN ORDERING.

Thank You

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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 NO. C99-2
CLAIM FOR DAMAGES PURSUANT)
TO GOVERNMENT CODE § 911.6)
_____)


BRANDY ENGMAN, 4125 Usona Road, Mariposa, CA 95338 having filed with this Board on March 2, 1999, a claim for damages in the amount of \$289.07.

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:

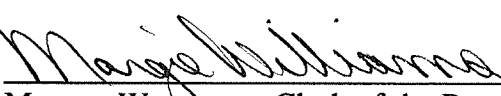
- AYES: Reilly, Balmain, Stewart, Parker, Pickard
- NOES: None
- ABSENT: None
- ABSTAINED: None

Dated this 4th day of May, 1999.



BOB PICKARD, Chair
Board of Supervisors

ATTEST:



MARGIE WILLIAMS, Clerk of the Board

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TO: Brandy Engman
4125 Usona Road
Mariposa, CA 95338

RE: CLAIM FOR DAMAGES (Claim No. C99-2) AMOUNT OF CLAIM: \$289.07
NOTICE OF REJECTION

NOTICE IS HEREBY GIVEN that the claim, which you presented to the Board of Supervisors of Mariposa County on March 2, 1999 was rejected by action of the Board on May 4, 1999.

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.)

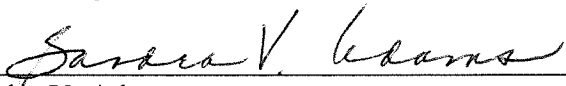
STATE OF CALIFORNIA, COUNTY OF MARIPOSA:

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 May 20, 1999, I served the within Notice of Rejection of Claim No. C99-2 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:

Brandy Engman
4125 Usona Road (P.O. Box 490)
Mariposa, CA 95338

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

Executed on May 20, 1999 at Mariposa, California.


Sandra V. Adams