

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. C98-25 in the amount of \$1005. Claimants are requesting reimbursement for damage to the front door and bedroom door of their residence when deputies from the Sheriff's Department entered their home in the process of serving a search warrant. Because the Sheriff's Department had a valid search warrant to search the premises and used only reasonable force necessary to gain entry, 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. C98-25.
Notice of Rejection.

CLERK'S USE ONLY:

Res. No.: 48-453 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

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

Comment: _____

A.O. Initials: *[Signature]*

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. C98-25
11 TO GOVERNMENT CODE § 911.6)
12)

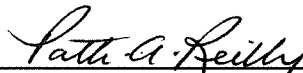
13 **ABBY AND ROBERT LOVELL**, 5185 Tip Top Road, Mariposa, CA 95338, having filed
14 with this Board on November 19, 1998, a claim for damages in the amount of \$1,005.

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

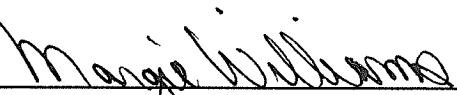
17 The foregoing order was passed by the following vote of the Board:

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

22 Dated this 15th day of December, 1998.

23 
24 PATTI A. REILLY, Chair
25 Board of Supervisors

26 ATTEST:

27 
28 MARGIE WILLIAMS, Clerk of the Board

TO: Abby and Robert Lovell
5185 Tip Top Road
Mariposa, CA 95338

RE: CLAIM FOR DAMAGES (Claim No. C98-25)
NOTICE OF REJECTION

AMOUNT OF CLAIM: \$1,005

NOTICE IS HEREBY GIVEN that the claim, which you presented to the Board of Supervisors of Mariposa County on November 19, 1998 was rejected by action of the Board on _____.

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.)

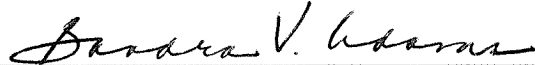
STATE OF CALIFORNIA, COUNTY OF MARIPOSA:

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 December 30, 1998, I served the within Notice of Rejection of Claim No. C98-25 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:

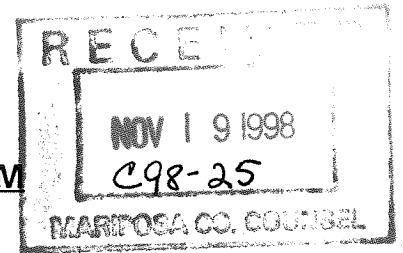
Abby and Robert Lovell
5185 Tip Top Road
Mariposa, CA 95338

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

Executed on December 30, 1998 at Mariposa, California.



Sandra V. Adams



COUNTY OF MARIPOSA CLAIM FORM

CLAIM OF ABBY ROBERT LOVELL)
(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: ABBY & ROBERT LOVELL
Whose address is: 5185 TIP TOP ROAD
City and State: MARIPOSA Zip: 95345

claims damages from the COUNTY OF MARIPOSA in the amount, computed as of the date of presentation of this claim, of \$ 1005.00.

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

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

which occurred on NOV. 5th, 1998, in the vicinity of:

5185 TIP TOP ROAD, MARIPOSA, CA 95338
(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.)

- ① FRONT DOOR Broken into, Ruined Locks Deadbolt & Door Jamb.
Keyed entry - Door completely Cracked - unrepairable
- ② BEDROOM DOOR Jamb totally Ripped off walls, base
Sledge Lock Removed & broken

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

John Locke, Detective SAENO, SHERIFFS OFFICE

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)

front entry Door, ^{OAK} Jambs and Lock,
Bedroom jamb and basic Door Lock (Sledge)

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 - will not include - \$ _____

Specific damages (ITEMIZE)

\$ _____

\$ _____

Other damages (ITEMIZE)
FRONT OAK DOOR & LOCKS - JAMBS \$ _____
SEE ATTACHED \$ _____

TOTAL DAMAGES INCURRED TO DATE: \$ _____

Estimated future damages as far as known from this incident:

Total estimated prospective damages: \$ 0

TOTAL AMOUNT CLAIMED AS OF DATE OF PRESENTATION OF THIS CLAIM: \$ 1005.00

All notices or other communications with regard to this claim should be sent to claimant at: 585 TWP RD 966-4529
(ADDRESS TO WHICH NOTICES ARE TO BE SENT)

Dated: 11/16/98 Signed: C. Sobell
(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.

LEO GIBSON
4919 Hidden Springs Rd.
Mariposa Ca. 95338

4874

ESTIMATE

CUSTOMER'S ORDER NO.	DEPT.	DATE
		16 Nov. 1998
NAME		
Robert and Abby Lovell		
ADDRESS		
5185 Tip Top Rd. Mariposa Ca. 95338		

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT

QUAN.	DESCRIPTION	PRICE	AMOUNT
1	Replace front entry door, also		
2	bedroom door jamb.		
3			
4	Oak door with glass half		
5	moon design, entry lock		
6	and door jamb. Door jamb		
7	for bedroom.		
8			
9	Materials and labor		1005.00
10			
11			
12			
13			
14			
15			
16			
17			
18			

REC'D BY

REDIFORM
5L320

KEEP THIS SLIP
FOR REFERENCE