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. C98-16 in the amount of $2,243.68. This claim was filed by a claim representative of the California State Automobile Association (CSAA) as subrogee for their insured, Sharon Clem. Their insured's vehicle was damaged while exiting the 5th Street parking lot when she ran off a curb. Staff at the Public Works Department contacted the CSAA representative by telephone, at my request, to set up a meeting to determine precisely the location of the accident. During the telephone conversation, the CSAA representative informed staff that she was merely following through on their insured's demand to pursue the claim and that she believed their insured had no claim and was at fault. Based on this information, the County has no 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. C98-16.  
Notice of Rejection.

CLERK'S USE ONLY:  
Res. No.:  8-367  
Ord. No.  
Vote - Ayes:  3  
Noes:  1  
Absent:  1  
Abstained:  0  
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:  

Action Form Revised 5/92
COUNTY OF MARIPOSA CLAIM FORM

CLAIM OF [Sharon Clem] (Claimant)

v.

COUNTY OF MARIPOSA

TO THE BOARD OF SUPERVISORS OF MARIPOSA COUNTY:

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

Claimant: [OSAA as subrogee for Sharon Clem]

Whose address is: [P.O. Box 9300]

City and State: [Fresno, CA] Zip: [93791-9300]

claims damages from the COUNTY OF MARIPOSA in the amount, computed as of the date of presentation of this claim, of $2343.68.

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

< √ > Property Damage < > Other (LIST)

< > Personal Injury

< > Contract

which occurred on May 3, 1998, in the vicinity of:

[Mariaposa Creek Parkway, 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.)

Ms. Clem was exiting the parking lot and ran off an unmarked curb with a drop on the other side causing damage to her car.

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

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 $ 

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: $ 0

**TOTAL AMOUNT CLAIMED AS OF DATE OF PRESENTATION OF THIS CLAIM:** $ 2243.68

All notices or other communications with regard to this claim should be sent to claimant at: CSAA, PO Box 9300, Fresno, CA 93791-9300

(Address to which notices are to be sent)

Dated: 9-1-98 Signed: ________________

(claimant/agent for claimant)

Claim Representative

---

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.
**SIERRA OAK AUTO BODY**
41105 HIGHWAY 41 SUITE B
P.O. BOX 2173
OAKHURST, CA 93644
Phone: (209) 683-2525
Fax: (209) 683-0805
License No: 77-0402110
EPA #: CAL 000019137
BAR ID: AJ135593

**License:** 3HJU389
**Vehicle:** 1994 GENERAL MOTORS
**Estimate ID:** 385
**Repair Order:**

**Color & Clear California VOC**

**Paint Code 1:** 33/5333 Gold Met

<table>
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<th>$/Per</th>
<th>Cost</th>
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<tbody>
<tr>
<td></td>
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</tr>
</tbody>
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**Refinishing**
- Paint Code 1 Time Less Overlap: 4.10
- Paint Code 2 Time Less Overlap: 0.00
- Blend 1 Time: 0.00
- Blend 2 Time: 0.00
- Buffing/Polishing: 0.00
- Additional Refinishing Materials: 5.38

**Bodywork**
- Metal Materials: 0.00
- Fiberglass Materials: 0.00
- Plastic 'Flex' Materials: 0.00
- Additional Bodywork Materials: 14.74

**Subtotal:** 112.97
**Markup/Discount:** 0.00
**GRAND TOTAL:** 112.97

---

**Data Version:** Oct_97_0
Refinishing Materials Calculator a Trademark of Mitchell International
Page 1 of 1
Copyright (C) 1997 Mitchell International
All Rights Reserved
**Date**: 05/06/98 02:33 PM  
**Estimate ID**: 385  
**Profile ID**: CUSTOMIZED

**Claim Number**: 07-K174336

**Description**: 1994 Saturn SC2  
**Body Style**: 2D Cpe  
**VIN**: IGH2151782602091  
**License**: 3HJU389 CA  
**OEM/ALT**: A  
**Color**: GOLD  
**Options:**

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<th>Labor Description</th>
<th>Line Item</th>
<th>Part Description</th>
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<td>BOY REMOVE/REPLACE</td>
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<td>AUTO 300029</td>
<td>BOY REFinish</td>
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<td>300029</td>
<td>BOY REMOVE/REPLACE</td>
<td>L FRM BUMPER PAD</td>
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**Estimate Recall Number**: 5/06/98 14:28:17 385  
**UltraMate is a Trademark of Mitchell International**  
**Mitchell Data Version**: DEC_97_A Copyright (C) 1994 - 1997 Mitchell International All Rights Reserved

**Received**: MAY 21 1998  
**Received**: AUG 17 1998
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<td>135.00</td>
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**Labor Summary** 18.6

**ESTIMATE RECALL NUMBER:** 5/06/98 14:28:17 385

**Mitchell Data Version:** DEC_97_A Copyright (C) 1994 - 1997 Mitchell International All Rights Reserved

**RECEIVED** MAY 21 1998

**RECEIVED** AUG 17 1998
Additional Costs
Taxable Costs

0.00

Sales Tax
7.750

Non-Taxable Costs

Total Additional Costs

121.73

IV. Adjustments
Insurance Deductible
Betterment

Amount
250.00

Appearance Allowance
Customer Responsibility

0.00

250.00-

I. Total Labor:

850.20

II. Total Replacement Parts:

1,077.91

III. Total Additional Costs:

121.73

Gross Total:

2,049.84

IV. Total Adjustments:

250.00-

Net Total:

1,799.84

This is a preliminary estimate.

Additional changes to the estimate may be required for the actual repair.

This estimate has been prepared based on the use of crash parts supplied by a source other than the manufacturer of your motor vehicle. Any warranties applicable to these replacement parts are provided by the manufacturer or distributor of the parts, rather than by the original manufacturer of your vehicle.

Point(s) of Impact:
11 Left Front Corner (P)

Insurance Co:
AAA
Address:
P.O. BOX 779
P.O. BOX 779
MADERA, CA 93639

Telephone:
(209) 673-3586
Fax Phone:
(209) 661-4313

Body Shop:

Address:

Telephone:

Fax Phone:

State Lic. No:

Inspection Site:

Address:

Inspection Date:

ESTIMATE RECALL NUMBER: 5/06/98 14:28:17 385
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Page 3 of 4

RECEIVED
MAY 21 1998

RECEIVED
AUG 17 1998
THE ESTIMATE OF REPAIR INCLUDES PARTS, LABOR AND DIAGNOSIS. IF, ON FURTHER INSPECTION, ADDITIONAL PARTS OR REPAIRS ARE NEEDED, YOU WILL BE CONTACTED FOR AUTHORIZATION. WE ARE NOT RESPONSIBLE FOR LOSS OR DAMAGE TO YOUR VEHICLE FROM FIRE, THEFT, ACCIDENTS OR ANY CAUSE BEYOND OUR CONTROL. ALL TESTS WILL BE MADE BY OUR EMPLOYEES AT YOUR RISK.

AUTHORIZED SIGNATURE __________________________ DATE: __________________________

POWER OF ATTORNEY
I DO HEREBY APPOINT THE AFOREMENTIONED BUSINESS AS MY ATTORNEY IN FACT TO ACCEPT ON MY BEHALF ANY AND ALL CHECKS, DRAFTS OR BILLS OF EXCHANGE AND TO ENDORSE ALL SUCH CHECKS, DRAFTS OR BILLS OF EXCHANGE FOR DEPOSIT TO THE AFOREMENED BUSINESS ACCOUNT FOR CREDIT ON MY ACCOUNT FOR REPAIRS ON MY VEHICLE WHICH HAS BEEN RELEASED AND ACCEPTED.

ACCEPTED BY: __________________________ DATE: __________________________
MEFF#: 83
Claim#: 07-K174336
Name: CLEM, SHARON
lide 2: 385_1.EXT

Date: 05/14/98 03:04 PM
Estimate ID: 385
REPAIR ORDER: 2163
Supplement: 1 (F)
Preliminary
Profile ID: CUSTOMIZED

SIERRA OAK AUTO BODY
41105 HIGHWAY 41 SUITE B P.O. BOX 2173 OAKBURST, CA 93644
(209) 683-2525
Fax: (209) 683-0805

Damage Assessed By MIKE LAGOW

Description 1994 Saturn SC2
Body Style: 2D Cpe
VIN: 1G8EHE157XRE260291
License: 3HJU389 CA
OEM/ALT: A

Color: GOLD
Options:

Line Entry Labor Item Number Type Op Description Part Type/ Part Number
1 AUTO HDY OVERHAUL FRT COVER ASSY Remanufactured
2 301010 HDY REMOVE/REPLACE FRT LWR BUMPER COVER 120.00

ESTIMATE RECALL NUMBER: 5/13/98 11:00:55 385
Mitchell Data Version: DEC_97_A Copyright (C) 1994 - 1997 Mitchell International
All Rights Reserved
| 3 | AUTO | REF | REFINISH | FRT LWR BUMPER COVER |
| 4 | 300029 | BDY | REMOVE/REPLACE | L FRT BUMPER PAD |
| 5 | 300106 | BDY | REMOVE/REPLACE | LWR COOLING SPLASH SHIELD |
| 6 | 300113 | BDY | REMOVE/REPLACE | LWR COOLING AIR DEFLECTOR |
| 7 | 305953 | MCH | REMOVE/REPLACE | FRT FRAME SUSP SUBFRAME |
| 8 | 307330 | MCH | REMOVE/REPLACE | FRT SUSP STABILIZER BAR |
| 9 | 310737 | MCH | REMOVE/REPLACE | L FRT SUSP STAB BAR BRKT |
| 10 | 900500 | MCH* | CHECK/ADJUST | ALIGNMENT |
| 11 | 325990 | BDY | OVERHAUL | REAR COVER ASSY |
| 12 | 326070 | BDY | REPAIR | REAR BUMPER COVER |
| 13 | AUTO | REF | REFINISH | REAR BUMPER COVER |
| 14 | 931090 | FRM* | CHECK/ADJUST | UNIBODY STRUCTURE |
| 15 | 900500 | FRM* | ADD'L LABOR OP | INCLUDES MEASURE & SQUARE |
| 16 | 900500 | MCH* | REMOVE/REPLACE | ADD'L TIME TO STRAIGHTEN UNIBODY |
| 17 | 900500 | MCH* | REMOVE/REPLACE | EXHAUST GASKET |
| 18 | 900500 | MCH* | REMOVE/REPLACE | EXHAUST/CATALIC GASKET |
| 19 | 936008 | ADD'L COST | PAINT/MATERIALS |
| 20 | AUTO | REF | ADD'L GPR | CLEAR COAT |
| 21 | 933006 | FRM | ADD'L GPR | FRAME/RACK SET UP |

Summary:

- **Add'l Labor**: 193.20
- **Sublet**: 239.40
- **Totals**: 432.60
- **Taxable Labor**: 432.60

**Costs**

- **Parts Replacement Summary**: 818.06
- **Taxable Parts**: 0.00
- **Parts Adjustments**: 0.00
- **Glass Adjustments**: 70.00
- **Sales Tax**: 7.35
- **Non-Taxable Parts**: 63.40

**Receivables**

- **Date**: 05/14/98 03:04 PM
- **Ref id**: 385
- **Repair Order**: 2163
- **Supplement**: 1 (P)
- **Profile ID**: CUSTOMIZED

**Prior Damage**

**Remarks**

**Estimate Recall Number**: 5/13/98 11:00:55 385

**Mitchell Data Version**: DEC_97_A

---

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### Labor Summary

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### I. Additional Costs

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<tr>
<td>Sales Tax</td>
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<tr>
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### IV. Adjustments

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<tr>
<td>Total</td>
<td>881.46</td>
</tr>
</tbody>
</table>

### Additional Information

- Additional changes to the estimate may be required for the actual repair.
- This estimate has been prepared based on the use of crash parts supplied by a source other than the manufacturer of your motor vehicle. Any warranties applicable to these replacement parts are provided by the manufacturer or distributor of the parts, rather than by the original manufacturer of your vehicle.

**Point(s) of Impact**

- 11 Left Front Corner (P)

**Insurance Co:** AAA  
**Address:** P.O. BOX 779  
**P.O. BOX 779**  
**MADERA, CA 93639**  
**Telephone:** (209) 691-3586  
**Fax Phone:** (209) 661-4133

**ESTIMATE RECALL NUMBER:** 5/13/98 11:00:55 385  
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---

**Date:** 05/14/98 03:04 PM  
**Profile ID:** CUSTOMIZED  
**Repair Order:** 385  
**Esttete ID:** 385  
**Supplement:** 1 (F)  
**Preliminary**  
**Parts Adjustments:** 0.00  
**Glass Adjustments:** 0.00  
**Total Replacement Parts Amount:** 881.46  
**IV. Adjustments**
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tr>
<td>Customer Responsibility</td>
<td>250.00</td>
</tr>
<tr>
<td>Total</td>
<td>881.46</td>
</tr>
</tbody>
</table>

---

**RECEIVE**  
**MAY 21 1998**  
**RECEIVED**  
**AUG 17 1998**
THE ESTIMATE OF REPAIR INCLUDES PARTS, LABOR AND DIAGNOSIS. IF, ON FURTHER INSPECTION, ADDITIONAL PARTS OR REPAIRS ARE NEEDED, YOU WILL BE CONTACTED FOR ADDITIONAL PAYMENT. WE ARE NOT RESPONSIBLE FOR LOSS OR DAMAGE TO YOUR VEHICLE FROM FIRE, THEFT, ACCIDENTS OR ANY CAUSE BEYOND OUR CONTROL. ALL TESTS WILL BE MADE BY OUR EMPLOYEES AT YOUR RISK.

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AUTHORIZED SIGNATURE: ___________________________ DATE: __________

ACCEPTED BY: ___________________________ DATE: __________

ESTIMATE RECALL NUMBER: 5/13/98 11:00:55 385
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California State Automobile Association Inter-Insurance Bureau

035 814728
035 814728-6-R

DATE 05-28-98

PAYEE: SHARON

PAYEE OF LOAN: SHARON

PRN 485975
PAYOR 4859785

PAY

*ONE HUNDRED FIFTY 00/100*

TIN: 43-1317073

ENTERPRISE LEASING/RENT A CAR
1945 N FINE #104
FRENSD CA 93727

AUTHORIZED SIGNATURE: STEPHANIE INGERSOL

NOT NEGOTIABLE

M.O. COPY
### Rental Invoice

**Enterprise rent-a-car**

6261 N. BLACKSTONE
FRESNO CA 93710

**RECEIVED**
MAY 27, 1998

**Bill To:**
AAA INS-FRESNO
ATTN: CAMARA•STEPHANIE*
5040 NORTH FORKNER
FRESNO CA 93711-2899

### RENTAL INFORMATION

**Date Out** | **Date In**  
---|---
5/06/98 | 5/15/98

**Renter**
SHARON CLEM

**Address**
645 E CHAMPLAIN #110
FRESNO CA

**Driver License**
HO135224
FRESNO CA 5/25/98

**DOB**
5/25/40

**Home Phone**
209-433-0604

**Office Phone**
209-442-1170

### RENTAL VEHICLES

**Color** | **License No.** | **P.O. #** | **Model** | **Unit #** | **Type of Loss** | **Type of Car** | **Repair Shop**
---|---|---|---|---|---|---|---
GREEN | STYS187 | 07-K174336 | "97 ESCT" | NE8507 | INSURED | S |

### BILLING DETAIL

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<td>SALES TAX 7.75</td>
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**TOTAL CHARGES**
193.84

**LESS AMOUNT RECEIVED**
43.84

**AMOUNT DUE**
150.00

### IMPORTANT INFORMATION

**Billing Inquiries Call**
209-435-2600

**Fed Tax ID #**
43-1317073

**Billing Information**
$15.00/DAY NO SALES TAX NOT TO EXCEED $150.00

Please Return This Portion with Remittance

**Remit to:**
ENTERPRISE RENT A CAR
ATTN: ACCTS RECEIVABLE
1945 N. FINE ST #104
FRESNO CA 93727

05/16

**Thank You For Choosing Enterprise**

CONGRATULATIONS ENTERPRISE! 1997 ENTREPRENEUR OF THE YEAR

**AMOUNT DUE**
150.00

**Paid by:**
AAA INS-FRESNO
ATTN: CAMARA•STEPHANIE*
5040 NORTH FORKNER
FRESNO CA 93711-2899

**Customer#**
AAA5453

**Rental Agreement**
D990785

**Amount**
150.00

**GPBR**
545N
May 30, 1998

RE: Claim No: 07-K174336

Dear Stephani Ingersol,

Regarding your claim for Sharon Clem, (07-K174336), I think that you were misinformed. The Mariposa Hotel-Inn does not own a parking lot. Our building faces Hwy 140 in the front, and a County owned and maintained parking lot is in the back. The parking lot in the back is a public parking lot provided by the County of Mariposa for residence and transient parking, and extends the entire block between 5th street & 6th street here in Mariposa. If you need more information about that parking lot, please give me a call at any time.

Thank You,

Sal Maccarone / Innkeeper
The Mariposa Hotel - Inn
05/28/98

SAL & SHARON MACCARONE / MARIPOSA HOTEL
5029 HWY 140
MARIPOSA, CA 95338

Re: Insured: CLEM, SHARON
Claim No.: 07-K174336
Date of Loss: 05-03-98

Dear MR. & MRS. MACCARONE:

We are investigating this loss. We intend to present a claim based on our payment for our insured’s damages. These damages were caused due to the unsafe condition of your parking lot.

If you have insurance for claims of this kind, please list the name and address of your insurance company, your policy and/or claim number and return this letter to us.

Your Insurance Carrier: [Name]
Their Address: [Address]
Their Policy/Claim No. [Policy/Claim Number]

If you are not insured for this accident, please contact us so arrangements can be made for you to pay this claim.

A return envelope is enclosed for your convenience.

Sincerely,

[Signature]

STEPHANIE INGERSOL
Claim Representative
209-435-8450

Enclosure
BEFORE THE BOARD OF SUPERVISORS

OF

MARIPOSA COUNTY, STATE OF CALIFORNIA

In the Matter of: CLAIM NO. C98-16

CLAIM FOR DAMAGES PURSUANT
TO GOVERNMENT CODE § 911.6

CSAA, as subrogee for Sharon Clem
P.O. Box 9300
Fresno, CA 93791-9300

having filed with this Board on September 2, 1998, a claim for damages in the amount of
$2,243.68.

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

Dated this 6th day of October, 1998.

PATTI A. REILLY, Chair
Board of Supervisors

ATTEST:

MARGIE WILLIAMS, Clerk of the Board
TO: CSAA, as subrogee for Sharon Clem  
P.O. Box 9300  
Fresno, CA 93791-9300

RE: CLAIM FOR DAMAGES (Claim No. C98-16)  
NOTICE OF REJECTION  

AMOUNT OF CLAIM: $2,243.68

NOTICE IS HEREBY GIVEN that the claim, which you presented to the Board of Supervisors of Mariposa County on September 2, 1998 was rejected by action of the Board on October 6, 1998.

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 5037 Stroming Road (P. O. Box 189), Mariposa, CA 95338. On October 27, 1998, I served the within Notice of Rejection of Claim No. C98-16 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:

CSAA  
P.O. Box 9300  
Fresno, CA 93791-9300

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

Executed on October 27, 1998 at Mariposa, California.

Sandra V. Adams