

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. C98-13 in the amount of \$4,706. The claimant and her children were behind the Mariposa County Library when the claimant's daughter was bitten by a feral cat as she attempted to pick it up. I don't 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. C98-13.
Notice of Rejection.

CLERK'S USE ONLY:

Res. No.: 98-350 Ord. No. _____

Vote - Ayes: 4 Noes: _____

Absent: 1 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

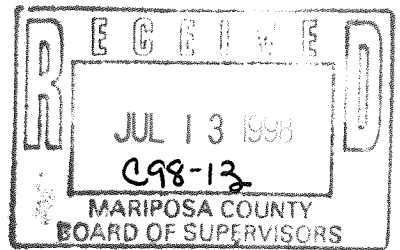
For Policy Determination

Submitted with Comment

Returned for Further Action

Comment: _____

A.O. Initials: JK



COUNTY OF MARIPOSA CLAIM FORM

CLAIM OF Ellie Fournier)
(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: Ellie Fournier

Whose address is: 4820 Hirsch Rd.

City and State: Mariposa, CA 95338 Zip: _____

claims damages from the **COUNTY OF MARIPOSA** in the amount, computed as of the date of presentation of this claim, of \$ (see attached)

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

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

which occurred on June 1, 1998, in the vicinity of:

Mariposa County Public Library
(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.)

My children & I were behind the M.C. Library when Ariel (the victim) spotted a small black kitten, which she proceeded to pick up. The kitten immediately bit her on the left thumb, puncturing her nail.

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

N/A

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)

My daughter's bite from a wild cat prompted me to contact Mariposa Cty. Health Dept. Based on the subsequent recommendation of Dr. Chuck Mosher (since the animal in question could not be located), I brought Ariel to J.C. Fremont Hospital on 6/10/98 to begin →. The amount claimed, as of the date of presentation of this claim is (over,

computed as follows:

Damages incurred to date: (as of 6/24/98)

Expenses for medical and hospital care	\$ <u>4,106.</u>
Loss of earnings	\$ <u>—</u>
Specific damages (ITEMIZE)	
_____	\$ <u>—</u>
_____	\$ <u>—</u>
Other damages (ITEMIZE)	
_____	\$ <u>—</u>
_____	\$ <u>—</u>
TOTAL DAMAGES INCURRED TO DATE:	\$ <u>4,106.</u>
Estimated future damages as far as known from this incident:	
Total estimated prospective damages: (for last vaccination on 7/8/98)	\$ <u>600.</u>
TOTAL AMOUNT CLAIMED AS OF DATE OF PRESENTATION OF THIS CLAIM:	\$ <u>4,706.</u>

All notices or other communications with regard to this claim should be sent to claimant at: 4820 Hirsch Rd. Mariposa, CA 95338
(ADDRESS TO WHICH NOTICES ARE TO BE SENT)

Dated: 7/12/98 Signed: Ellie Fourn
(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.

JOHN C. FREMONT HEALTHCARE DIST
P.O. BOX 216
MARIPOSA, CA 95338-0000
209-966-8009

STATEMENT OF ACCOUNTS

GUARANTOR NO.	GUARANTOR NAME	STATEMENT DATE	PAYMENT DUE BY
6001944	FOURNIER, ELLIE	6/30/98	7/15/98

FOURNIER, ELLIE
4820 HIRSCH RD
MARIPOSA CA 95338

PAGE 1

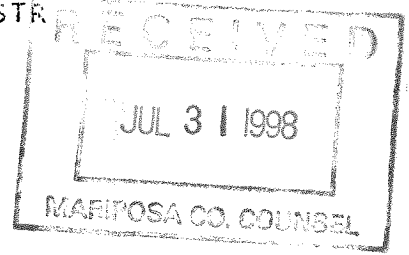
----- MONTHLY STATEMENT -----

*
*

HEALTHY FAMILIES PROGRAM COMING SOON TO JCF CLINIC PROVIDES
LOW-COST HEALTH, DENTAL AND VISION INSURANCE.
QUALIFYING PROGRAMS, APPLICATION HELP PROVIDED

DATE	DESCRIPTION	AMOUNT
***** 6087213	FOURNIER, ARIEL MIGN A- 6/10/98 D- 6/10/98 PATIENT TOTAL	2,289.00 2,289.00
***** 6087253	FOURNIER, ARIEL MIGN A- 6/13/98 D- 6/13/98 PATIENT TOTAL	637.00 637.00
***** 6087455	FOURNIER, ARIEL MIGN A- 6/17/98 D- 6/17/98 PATIENT TOTAL	600.00 600.00
***** 6087790	FOURNIER, ARIEL MIGN A- 6/24/98 D- 6/24/98 PATIENT TOTAL	580.00 580.00
	CURRENT AMOUNT DUE	4,106.00

JOHN C FREMONT HEALTHCARE DISTRICT
 P O BOX 216
 MARIPOSA, CA 95338
 209-966-3631



001944 FOURNIER, ELLIE PATIENT FOURNIER, ARIEL MIGN
 4880 HIRSCH RD
 MARIPOSA CA 95338 PATIENT # 6088509

STATEMENT DATE 7/13/98

946003822

ADM. DATE 7/08/98 DISC. DATE 7/08/98 DAY STAY
 FIN CLASS S INS PLANS NON-NON

7/08/98 EMERGENCY ROOM 401-6015 1 MINOR 99202 40.00
 SUB-TOTALS 40.00

7/08/98 ER PHYSICIANS 402-6918 1 ED VIST FOCUSED MINOR 99201 40.00
 SUB-TOTALS 40.00

7/08/98 PHARMACY 471-7480 1 RABIES IMOVAX 90700 520.00
 SUB-TOTALS 520.00

Balance due within 30 days unless special arrangements have been made with this office.

TOTAL CHARGES 600.00
 TOTAL CREDITS .00
 BALANCE DUE 600.00

1 JEFFREY G. GREEN
2 County Counsel
3 P. O. Box 189
4 5037 Stroming Rd.
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. C98-13
11 TO GOVERNMENT CODE § 911.6)
12)

13 Ellie Fournier
14 4820 Hirsch Rd.
15 Mariposa, CA 95338

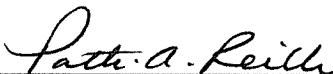
16 having filed with this Board on July 13, 1998, a claim for damages in the amount of \$4,706.

17 NOW, THEREFORE, it is ordered by the Board of Supervisors that the claim is hereby
18 REJECTED.

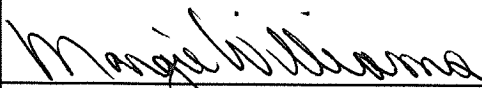
19 The foregoing order was passed by the following vote of the Board:

20 AYES: Reilly, Balmain, Stewart, Pickard
21 NOES: None
22 ABSENT: Parker
23 ABSTAINED: None

24 Dated this 15th day of September, 1998.

25 
26 PATTI A. REILLY, Chair
27 Board of Supervisors

28 ATTEST:

29 
30 MARGIE WILLIAMS, Clerk of the Board

TO: Ellie Fournier
4820 Hirsch Rd.
Mariposa, CA 95338

RE: CLAIM FOR DAMAGES (Claim No. C98-13)
NOTICE OF REJECTION

AMOUNT OF CLAIM: \$4,706

NOTICE IS HEREBY GIVEN that the claim, which you presented to the Board of Supervisors of Mariposa County on July 13, 1998 was rejected by action of the Board on September 15, 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.)

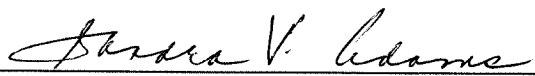
STATE OF CALIFORNIA, COUNTY OF MARIPOSA:

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. C98-13 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:

Ellie Fournier
4820 Hirsch Rd.
Mariposa, CA 95338

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

Executed on October 27, 1998 at Mariposa, California.



Sandra V. Adams