MARIPOSA COUNTY
BOARD OF SUPERVISORS
AGENDA ACTION FORM
DATE: May 27, 1997
AGENDA ITEM NO.: 16

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

RECOMMENDED ACTION AND JUSTIFICATION:
(Policy Item: Yes____ No_X_
Authorize the Chairman to sign an order of the Board to reject Claim No. C97-13, which was filed with this Board on April 24, 1997, in the amount of $252.25. Claimant contends that, while driving on Usana Road where a County road crew was working, she encountered mounds of dirt on the road. Claimant moved car towards the center of the road to pass through and hit a dirt mound where a rock was buried that damaged the underside of her car. Bob Johnson, Road Department Deputy Director, states that claimant was not directed by any member of the road crew to cross over the dirt berm; (see memo dated May 7, 1997 attached). Based on this information, Counsel does not believe that the County has any liability 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:
Claim would automatically be denied if no action was 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:
Letter from Bob Johnson dated 5/7/97.
Notice of Rejection of Claim.

CLERK'S USE ONLY:
Res. No.: 97-214
Ord. No.
Vote - Ayes: Nays: 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
By: County of Mariposa, State of California

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 ___________________________________________ )
(Claimant) 

v. 

COUNTY OF MARIPOSA ______________________________________

TO THE BOARD OF SUPERVISORS OF MARIPOSA COUNTY:

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

Claimant: MRS. SALLY JESKE
Whose address is: 5118 TIP TOP 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 $___________.

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

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

which occurred on APRIL 13, 1997, in the vicinity of:

ULSONA RD (DIRT PORTION)

(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.)

ON MONDAY, APRIL 13th, AT 9:55AM, I WAS DRIVING SOUTH/WEST (DOWN) ON ULSONA RD (THE DIRT PORTION) WHERE THE CO. ROAD CREW WERE DOING ROAD REPAIR $ GRADING. THERE WERE MOUNDS OF DIRT ON THE

The name(s) of the public employee(s) causing claimant's injuries or (OVER)
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)

THE ENGINE OIL PAN & TRANSMISSION PAN WERE DENTED AS WAS THE FRONT CROSS MEMBER, MUFFLER & GAS TANK. THE TRANSPORT HAS BEEN REPLACED. THE ENGINE OIL PAN NEEDS TO BE CHANGED - THE REST SHOULDN'T HURT ANYTHING.

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)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TRANSPORT FLUID ETC.</strong></td>
<td>$54.30</td>
</tr>
<tr>
<td><strong>ENGINE PAN -</strong></td>
<td>$72.25</td>
</tr>
<tr>
<td><strong>MY LABOR TO REPLACE BOTH.</strong></td>
<td>$50.00</td>
</tr>
</tbody>
</table>

Other damages (ITEMIZE)


**TOTAL DAMAGES INCURRED TO DATE:** $177.25

Estimated future damages as far as known from this incident:

LOST BOTH REAR HUBCAPS - (USED) - $75.00 (FOR 2)

Total estimated prospective damages: $75.00 (FOR 2)

**TOTAL AMOUNT CLAIMED AS OF DATE OF PRESENTATION OF THIS CLAIM:** $252.25

All notices or other communications with regard to this claim should be sent to claimant at: 5118 TIP TOP RD.

(ADDRESS TO WHICH NOTICES ARE TO BE SENT)

Dated: 4-24-97 Signed: Sally H. Turner

(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.
COUNTY OF MARIPOSA CLAIM FORM

CLAIM OF ____________________________
(Claimant)

v.

COUNTY OF MARIPOSA

TO THE BOARD OF SUPERVISORS OF MARIPOSA COUNTY:

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

Claimant: MRS. SALLY JESKE

Whose address is: 5118 TIP TOP 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 $___________.

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

< √ > Property Damage  < > Other (LIST)
< > Personal Injury
< > Contract

which occurred on APRIL 13, 1997, in the vicinity of:

USONA RD (DIRT PORTION)

(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.)

ON MONDAY, APRIL 13th, AT 9:55AM, I WAS DRIVING
SOUTH/WEST (DOWN) ON USONA RD (THE DIRT PORTION)
WHERE THE CO. ROAD CREW WERE DOING ROAD REPAIR
$-GRADING. THERE WERE MOUNDS OF DIRT ON THE

The name(s) of the public employee(s) causing claimant's injuries or(over)
damages under the above-described circumstances is/are:
JEFFREY G. GREEN  
County Counsel  
P. O. Box 189  
5037 Stroming Rd.  
Mariposa, CA  95338  

BEFORE THE BOARD OF SUPERVISORS  
OF  
MARIPOSA COUNTY, STATE OF CALIFORNIA  

In the Matter of:  

CLAIM FOR DAMAGES PURSUANT  
TO GOVERNMENT CODE § 911.6  

Sally Jeske  
5118 Tip Top Rd.  
Mariposa, CA  95338  

having filed with this Board on April 24, 1997, a claim for damages in the amount of $252.25.  

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 27th day of May, 1997.  

ROBERT C. STEWART, Chairman  
Board of Supervisors  

ATTEST:  

MARGIE WILLIAMS, Clerk of the Board
TO:       Sally Jeske
           5118 Tip Top Rd.
           Mariposa, CA 95338

RE:       CLAIM FOR DAMAGES (Claim No. C97-13)  AMOUNT OF CLAIM: $252.25
           NOTICE OF REJECTION

           NOTICE IS HEREBY GIVEN that the claim, which you presented to the Board of
           Supervisors of Mariposa County on April 24, 1997, was rejected by action of the Board on
           May 27, 1997.

           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 __June 10, 1997___, I served
           the within Notice of Rejection of Claim No. C97-13 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:

           Sally Jeske
           5118 Tip Top Rd.
           Mariposa, CA 95338

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

           Executed on __June 10, 1997__, at Mariposa, California.

           Sandra V. Adams