MARIPOSA COUNTY AGENDA DATE: April 16, 1996
BOARD OF SUPERVISORS ACTION FORM AGENDA ITEM NO.: CA-4

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. C96-8, which was filed with this Board on March 18, 1996, for $250. After investigation by staff at the Public Works Department, it was determined that the road surface was adequate if driven with care and at a safe rate of speed. 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:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Budgeted current FY</td>
<td>$</td>
</tr>
<tr>
<td>B. Total anticipated costs</td>
<td>$</td>
</tr>
<tr>
<td>C. Required additional funding</td>
<td>$</td>
</tr>
<tr>
<td>D. Internal transfers</td>
<td>$</td>
</tr>
</tbody>
</table>

SOURCE: ( ) 4/5ths Vote Required

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Unanticipated revenues</td>
<td>$</td>
</tr>
<tr>
<td>B. Reserve for contingencies</td>
<td>$</td>
</tr>
<tr>
<td>C. Source description:</td>
<td></td>
</tr>
<tr>
<td>Balance in Reserve for Contingencies, if approved:</td>
<td>$</td>
</tr>
</tbody>
</table>

SPECIAL INSTRUCTIONS:

List the attachments and number the pages consecutively:

Claim No. C96-8,
Notice of Rejection of Claim.

CLERK'S USE ONLY:

Res. No.: 96-148
Vote - Ayes:  Ord. No.
Noes: 
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: Action Form Revised 5/92
COUNTY OF MARIPOSA CLAIM FORM

CLAIM OF JASON L. WILLIAMS (Claimant)

v.

COUNTY OF MARIPOSA

TO THE BOARD OF SUPERVISORS OF MARIPOSA COUNTY:

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

Claimant: JASON L. WILLIAMS

Whose address is: 2043 CARTER WAY

City and State: HANFORD, CA. Zip: 93230

claims damages from the COUNTY OF MARIPOSA in the amount, computed as of
the date of presentation of this claim, of $250.00.

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

< > Property Damage <X> Other (LIST)

< > Personal Injury VEHICLE DAMAGE

< > Contract

which occurred on ______________, 1996, in the vicinity of:

5222 BOYER ROAD

(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.)

ROAD WAS FRESHLY GRADED AND A GRAVEL BASE WAS
NOT PUT ON THE ROAD AFTERWARDS. I UNDERSTAND THAT THIS IS
NOT A COMMON PRACTICE. I WAS DRIVING ON THIS ROAD DURING THE
STORM (APPROX 15 MPH) AND SLID OFF THE ROAD INTO THE FENCE AT

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

ROAD DEPARTMENT
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)

[NA]

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  $[NA]

Loss of earnings  $[NA]

Specific damages *(ITEMIZE)*  SEE ESTIMATE

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:**  $_______

All notices or other communications with regard to this claim should be sent to claimant at:  2043 CARTER WAY HANFORD, CA  93230

(ADDRESS TO WHICH NOTICES ARE TO BE SENT)

Dated:  3-8-96

Signed:  [Signature of 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.
### ESTIMATE for REPAIRS

**BORBA’S AUTO BODY, INC.**

**PAINT & BODY - AUTO GLASS**

411 W. LACEY BLVD. HANFORD, CA 93230

PH. 582-2211

FAX (209) 582-8505

**NAME:**

**Make:**

**Model:**

**Year:**

**Serial No.:**

**Body Style:**

**Body Style No.:**

**City:**

**Address:**

**Phone:**

**Mileag:**

**License No.:**

**Paint No.:**

**Trim No.:**

**Insurance Co.:**

**Date:** 2/27/96

### Repair Replace

<table>
<thead>
<tr>
<th>Repair Replace</th>
<th>ESTIMATE OF REPAIR COSTS</th>
<th>PART NUMBER</th>
<th>LABOR HRS</th>
<th>PARTS</th>
<th>SUBLET</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIC Front Bumper</td>
<td></td>
<td>13</td>
<td>130 75</td>
<td>-</td>
<td>160 00</td>
</tr>
<tr>
<td>RIC Bumper Pad</td>
<td></td>
<td>-</td>
<td>252 25</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>R Front Fender w/ Mfg.</td>
<td></td>
<td>432</td>
<td>312 20</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>R H/F Oak</td>
<td></td>
<td></td>
<td>236 25</td>
<td>-</td>
<td></td>
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<tr>
<td>R Side Orilt</td>
<td></td>
<td></td>
<td>211 00</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Bug Sanit</td>
<td></td>
<td></td>
<td>2 90 00</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>R Fender</td>
<td></td>
<td>5</td>
<td></td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Paint Damage</td>
<td></td>
<td>40 800</td>
<td></td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Alignment front &amp; rear</td>
<td></td>
<td>85 00</td>
<td></td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL**

**REMARKS:**

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**HRS. OF LABOR @ $38.00 PER HR. $258 60**

**PARTS $229 75**

**TOW $**

**ADVANCE CHARGES $**

**SUBLET $255 00**

**SALES TAX $21 25**

**GRAND TOTAL $821 88**

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**INSURANCE DEDUCTIBLE**

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**BY:**

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THIS ESTIMATE IS BASED ON OUR INSPECTION AND DOES NOT COVER ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER THE WORK HAS BEEN STARTED. AFTER THE WORK HAS STARTED, WORK OR DAMAGED PARTS WHICH ARE NOT EVIDENT ON FIRST INSPECTION MAY BE DISCOVERED. NATURALLY THIS ESTIMATE CANNOT COVER SUCH CONTINGENCIES. PARTS AND LABOR ARE SUBJECT TO CHANGE WITHOUT NOTICE. THIS ESTIMATE IS FOR IMMEDIATE ACCEPTANCE.

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THIS WORK AUTHORIZED BY:
JEFFREY G. GREEN
County Counsel
P. O. Box 189
5100 Bullion St.
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 )

) CLAIM NO. C96-8

Jason L. Williams
2043 Carter Way
Hanford, CA 93230

having filed with this Board on March 18, 1996 a claim for damages in the amount of

$250.00;

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, and Taber
NOES: None
ABSENT: None
ABSTAINED: None

Dated this 22nd day of April, 1996.

DOUG BALMAIN, Chairman
Board of Supervisors

ATTEST:

MARGIE WILLIAMS, Clerk of the Board
TO: Jason L. Williams  
2043 Carter Way  
Hanford, CA  93230

RE: CLAIM FOR DAMAGES (Claim No. C96-8)  
AMOUNT OF CLAIM: $250.00  
NOTICE OF REJECTION

NOTICE IS HEREBY GIVEN that the claim, which you presented to the Board of Supervisors of Mariposa County on March 18, 1996, was rejected by action of the Board on April 16, 1996.

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 Section 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 24, 1996 I served the within Notice of Rejection of Claim No. C96-8 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:

Jason L. Williams  
2043 Carter Way  
Hanford, CA  93230

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

Executed on May 24, 1996 at Mariposa, California.

Sandra V. Adams