

96-148

MARIPOSA COUNTY
BOARD OF SUPERVISORS

AGENDA
ACTION FORM

DATE: April 16, 1996
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: (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. C96-8.
Notice of Rejection of Claim.

CLERK'S USE ONLY:

Res. No.: 96-148 Ord. No. _____

Vote - Ayes: 5 Noes: _____

Approved _____ Abstained: _____

() 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

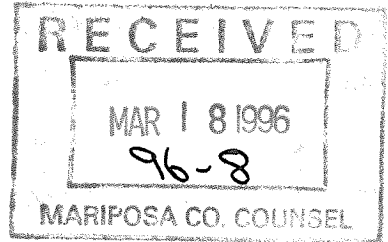
For Policy Determination

Submitted with Comment

Returned for Further Action

Comment: _____

A.O. Initials: MW



COUNTY OF MARIPOSA CLAIM FORM

CLAIM OF JASON L. WILLIAMS)
(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: 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 _____, 19 96, 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)

N/A

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 \$ N/A

Loss of earnings \$ N/A

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 HAWFORD, CA 93250
(ADDRESS TO WHICH NOTICES ARE TO BE SENT)

Dated: 3-8-96 Signed: [Signature]
(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.

Fernando Borba

Phyllis Borba

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

Date 2/27/96

NAME Jason Williams ADDRESS _____ CITY _____ PHONE 5-1740
 Make Chev Year 89 Serial No. _____ Body Style Blazer Style No. 444
 Mileage _____ License No. _____ Paint No. _____ Trim No. _____ Insurance Co. _____

Repair	Replace	ESTIMATE OF REPAIR COSTS	PART NUMBER	LABOR HRS.	PARTS	SUBLET
		R/C front bumper		1.3		160.00
-		air deflector		-	30.75	-
-		R. bumper pad		-	25.75	-
-		R. front fender w/o moly		3.22	20	-
-		R. H/L door		2.36	25	-
-		R. side mold		2.11	80	-
-		Bug shield		2.90	0.00	-
-		R. fender		.5		
		Paint Damage		4.0	80.00	
		align. front suspension				95.00

TOTAL

REMARKS:

6.7 HRS. OF LABOR @ \$ 38.00 PER HR. \$ 254.60
 PARTS \$ 299.75
 TOW \$ _____
 ADVANCE CHARGES \$ _____
 SUBLET \$ 255.00
 SALES TAX \$ 21.73
 GRAND TOTAL \$ 831.08

INSURANCE DEDUCTIBLE

BY: _____

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, WORN OR DAMAGED PARTS WHICH ARE NOT EVIDENT ON FIRST INSPECTION MAY BE DISCOVERED. NATURALLY THIS ESTIMATE CANNOT COVER SUCH CONTINGENCIES. PARTS PRICES SUBJECT TO CHANGE WITHOUT NOTICE. THIS ESTIMATE IS FOR IMMEDIATE ACCEPTANCE.

THIS WORK AUTHORIZED BY: _____

1 JEFFREY G. GREEN
2 County Counsel
3 P. O. Box 189
4 5100 Bullion St.
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. C96-8
11 TO GOVERNMENT CODE § 911.6)
12)

12 Jason L. Williams
13 2043 Carter Way
14 Hanford, CA 93230

15 having filed with this Board on March 18, 1996 a claim for damages in the amount of
16 \$250.00;

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

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

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

24 Dated this 22nd day of April, 1996.

25 *Doug Balmain*
26 DOUG BALMAIN, Chairman
27 Board of Supervisors

28 ATTEST:
Margie Williams
MARGIE WILLIAMS, Clerk of the Board

TO: Jason L. Williams
2043 Carter Way
Hanford, CA 93230

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

AMOUNT OF CLAIM: \$250.00

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.)

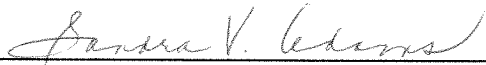
STATE OF CALIFORNIA, COUNTY OF MARIPOSA:

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