

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

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes___ No___)

Pass and adopt this Resolution authorizing the Chairman to sign an order of the Board to reject Claim No. C95-7 in the amount of \$488.66 (or \$660.85). Based upon a review of the investigative report received from the Public Works Department, 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 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. C95-7.
Notice of Rejection.

CLERK'S USE ONLY:
Res. No.: 95-264 Ord. No. _____
Vote - Ayes: 5 Noes: _____
Absent: _____ 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: JP

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)
11 TO GOVERNMENT CODE § 911.6)
12 Claim No. C95-7)

13 Laura Marie Seager

14 P.O. Box 2117

15 Wawona, CA 95389

16 having filed with this Board on May 3, 1995 a claim for damages in the amount of
17 \$ 488.66/660.85 ;

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

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

21 AYES: REILLY, BALMAIN, STEWART, PARKER, TABER
22 NOES: NONE
23 ABSENT: NONE
24 ABSTAINED: NONE

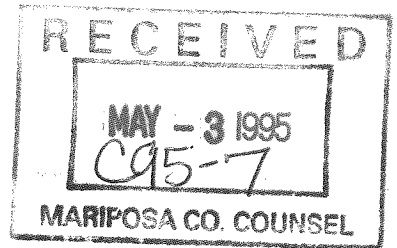
25 Dated this 13th day of June, 1995.

26 Garry R. Parker
27 GARRY R. PARKER, Chairman
28 Board of Supervisors

29 ATTEST:

30 Margie Williams
31 MARGIE WILLIAMS, Clerk of the Board

COUNTY OF MARIPOSA CLAIM FORM



CLAIM OF Laura M. Seager)
(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: Laura Marie Seager
Whose address is: 4185 English Lane (PO Box 2117)
City and State: Wawona, Ca Zip: 95389

claims damages from the COUNTY OF MARIPOSA in the amount, computed as of
the date of presentation of this claim, of \$ 488.66 / \$660.85

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

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

which occurred on March 19th, 19 95, in the vicinity of:

Chilnualna Falls Rd. (near Pine Tree Market)
(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.)

Hit sandbags while driving from Ranger Office to home.
Sandbags were piled 4 high placed on the pavement
18" to 2' in the travel lane of the road, on both sides of road.
At the time of accident there were no markers to alert
drivers of sandbags - no barricades, cones or flasher lights.
The name(s) of the public employee(s) causing claimant's injuries or

damages under the above-described circumstances is/are:

Pierce Loberg - County Employee - part-time

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 injuries

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)

auto (estimates) \$ 660.85 OR
\$ 488.66

Other damages (ITEMIZE)

_____ \$ _____

_____ \$ _____

TOTAL DAMAGES INCURRED TO DATE: \$ 660.85 OR ~~\$~~ 488.66

Estimated future damages as far as known from this incident:

Total estimated prospective damages: \$ 660.85 OR ~~\$~~ 488.66

TOTAL AMOUNT CLAIMED AS OF DATE OF PRESENTATION OF THIS CLAIM: \$ 660.85 OR ~~\$~~ 488.66

All notices or other communications with regard to this claim should be sent

to claimant at: P.O. Box 2117 Wawona, Ca. 95389
(ADDRESS TO WHICH NOTICES ARE TO BE SENT)

Dated: 4/15/95 Signed: James M. Seagr
(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.

DAMAGE REPORT
 03/25/95 at 11:07
 AJ081700

SEAGER
 D.R. 25810-0000055
 Est: B. HOLZWORTH

*FAXED
 3-25-95 SAT.
 11:05AM*

SIERRA OAK AUTO BODY

TAX ID 77-0188244
 P.O. BOX 2173
 OAKHURST, CA 93644-
 (209) 683-2525

Owner: LAURA SEAGER
 Address: PO BOX 2117
 WAWONA CA 95389

Day Phone: (209) 375-6639-HM
 Other Ph: (209) 372-0382-FAX
 Deductible: \$ 0.00

Insurance Co.:
 Claim No.:

Phone:
 Adj.:

83 SUBA DL 4D WGN GOLD MET 4-1.8L
 Vin: JF1AM42B7DB401432 License: 2LMK414 CA Prod Date: 9/82 Odometer: 0

Power brakes Tinted glass Body side moldings
 Rear defogger Bucket seats Recline/lounge seats
 Styled steel wheels Clear coat paint Metallic paint

NO.	REPR/ REPL	DESCRIPTION OF DAMAGE	QTY	PART COST	LBR HRS	PAINT HRS	MISC
1		FRONT BUMPER & LAMPS					
2		R&I Face bar center standard	1		0.5		
3	Repl	Valance panel	1	55.95	0.6	0.5	
4		Add for Clear Coat	1			0.1	
5		GRILLE & LAMPS					
6	Repl	Aim headlamps	1		0.3		
7		FENDER					
8	Repl	RT Fender	1	68.40	2.5	2.4	
9		Overlap Minor Panel	1			-0.2	
10		Add for Clear Coat	1			0.9	
11		Add for Edging	1			0.5	
12		R&I RT Molding side DL	1		0.3		
13		WHEELS & FRONT SUSPENSION					
14	Repl	Wheel alignment align front wh	1		1.2		M
15*		CHIP RESISTANT MATERIAL	1	6.50		0.1	T
16*		HAZARDOUS WASTE DISPOSAL	1	3.00			
17*		MASK FOR OVERSPRAY	1		0.3		
18*		TINT COLOR	1			0.5	
Subtotals ==>				133.85	5.7	4.8	0.00

DAMAGE REPORT
03/25/95 at 11:07
AJ081700

SEAGER
D.R. 25810-0000055
Est: B. HOLZWORTH

SIERRA OAK AUTO BODY

TAX ID 77-0188244
P.O. BOX 2173
OAKHURST, CA 93644-
(209) 683-2525

Parts (Subject to Invoice)		133.85
Labor	4.5 hrs \$ 38.00/hr	171.00
Body Supplies	4.6 hrs \$ 1.00/hr	4.60
Paint	4.8 hrs \$ 38.00/hr	182.40
Paint/Materials	4.8 hrs \$ 19.00/hr	91.20
Mech	1.2 hrs \$ 50.00/hr	60.00

SUBTOTAL		\$ 643.05
Tax on \$ 229.65 at 7.7500%		17.80

GRAND TOTAL		\$ 660.85

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Non-asterisk(*) items are derived from the Guide IRL7505. Database Date 2/95
Double asterisk(**) items indicate part supplied by a supplier other than the original equipment manufacturer.
EZEest - A product of CCC Information Services Inc.

DAMAGE REPORT
 03/24/95 at 08:34
 AC182606

SEAGER
 D.R. 25813-0000057
 Est: T. SMITH

OAKHURST AUTO BODY
 QUALITY WORK EXCEPTIONAL SERVICE
 42147 HWY.41 #1
 OAKHURST, CA 93644-
 (209) 642-4699

Owner: LAURA SEAGER
 Address: PO BOX 2117
 WAWONA CA 95389

Day Phone: (209) 375-6639-
 Other Ph: (209) 372-0564-
 Deductible: \$ 0.00

Insurance Co.: STATE FARM INSURANCE COMPANIES
 Claim No.: Adj.:

Phone:

83 SUBA DL 4D WGN GOLD 4-1.8L
 Vin: JF1AM4287DB401432 License: 2LMK414 CA Prod Date: 0/83 Odometer: 110266

Power brakes Tinted glass Body side moldings
 Rear defogger Bucket seats Recline/lounge seats
 Styled steel wheels Clear coat paint

NO.	REPR/ REPL	DESCRIPTION OF DAMAGE	QTY	PART COST	LBR HRS	PAINT HRS	MISC
1		FRONT BUMPER & LAMPS					
2*	Repr	Valance panel	1		1.0	0.5	
3		Add for Clear Coat	1			0.1	
4		FENDER					
5	Repl	RT Fender	1	68.40	2.5	2.4	
6		Add for Clear Coat	1			1.0	
7		Add for Edging	1			0.5	
8		Overlap Minor Panel	1			-0.2	
9*		GRAVEL GUARD	1		0.5		T 15.00
Subtotals ==>				68.40	4.0	4.3	15.00

DAMAGE REPORT
03/24/95 at 08:34
AC182606

SEAGER
D.R. 25813-0000057
Est: T. SMITH

OAKHURST AUTO BODY
QUALITY WORK EXCEPTIONAL SERVICE
42147 HWY.41 #1
OAKHURST, CA 93644-
(209) 642-4699

Parts (Subject to Invoice)		68.40
Labor	4.0 hrs \$ 38.00/hr	152.00
Paint	4.3 hrs \$ 38.00/hr	163.40
Paint/Materials	4.3 hrs \$ 18.00/hr	77.40
Sublet/Misc		15.00

SUBTOTAL		\$ 476.20
Tax on \$	160.80 at 7.7500%	12.46

GRAND TOTAL		\$ 488.66

I HEREBY AUTHORIZE OAKHURST AUTOBODY TO REPAIR MY VEHICLE PER THIS ESTIMATE. NOT RESPONSIBLE FOR ARTICLES LEFT IN VEHICLE.

SIGNED.....DATE...../...../.....

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Non-asterisk(*) items are derived from the Guide IRL7505. Database Date 2/95
Double asterisk(**) items indicate part supplied by a supplier other than the original equipment manufacturer.
EZESt - A product of CCC Information Services Inc.

TO: Laura Marie Seager
P.O. Box 2117
Wawona, CA 95389

RE: CLAIM FOR DAMAGES AMOUNT OF CLAIM \$ 488.66 or 660.85
NOTICE OF REJECTION Claim No. C95-7

NOTICE IS HEREBY GIVEN that the claim which you presented to the Board of Supervisors of Mariposa County on May 3, 1995 was rejected by action of the Board on June 13, 1995.

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 June 21, 1995 I served the within Notice of Rejection of Claim No. C95-7 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:

Laura Marie Seager
P.O. Box 2117
Wawona, CA 95389

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

Executed on June 21, 1995 at Mariposa, California.

Sandra V. Adams
Sandra V. Adams