

**MARIPOSA COUNTY
BOARD OF SUPERVISORS**

**AGENDA
ACTION FORM**

DATE: 12-12-00
AGENDA ITEM NO.: CA-2

DEPARTMENT: County Counsel

BY: Jeffrey G. Green

PHONE: 966-3222

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

Authorize Chair to sign an Order of the Board to reject Claim No. C00-8 for an undetermined amount. The claimant is requesting reimbursement for damage to his vehicle in addition to injuries sustained when his vehicle collided with another party due to alleged lack of visibility . Due to information provided by the Public Works Department, Counsel is requesting denial of this claim.

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:

CLERK'S USE ONLY:

Res. No.: 00-422 Ord. No. _____

Vote - Ayes: 5 Noes: _____

Absent: _____ Abstained: _____

() Approved () Denied

() Minute Order Attached () No Action Necessary

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: _____

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

1 JEFFREY G. GREEN
2 County Counsel
3 P. O. Box 189
4 5100 Bullion Street
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)

CLAIM NO. 00-8


12 JAMES CUNNINGHAM, 521 W. Hatch Road, Modesto, California, having filed with
13 this Board on October 20, 2000, a claim for damages in an undetermined amount.

14 NOW, THEREFORE, IT IS ORDERED by the Board of Supervisors that the claim is
15 hereby rejected.

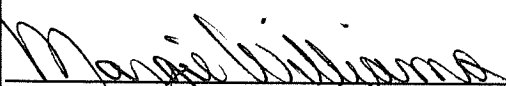
16 The foregoing order was passed by the following vote of the Board:

17 AYES: Reilly, Balmain, Stewart, Parker, Pickard
18 NOES: None
19 ABSENT: None
20 ABSTAINED: None

21 Dated this 12th day of December, 2000.

22 
23 GARRY R. PARKER, Chair
24 Board of Supervisors

25 ATTEST:

26 
27 MARGIE WILLIAMS, Clerk of the Board
28

1 TO: Sawl & Netzer
2 2150 Tulare Street
3 Fresno, California 93721

4 RE: CLAIM FOR DAMAGES (James M. Cunningham - Claim No. C00-8)
5 AMOUNT OF CLAIM: Undetermined
6 NOTICE OF REJECTION

7 NOTICE IS HEREBY GIVEN that the claim which you presented to the Board of
8 Supervisors of Mariposa County on October 20, 2000 was rejected as a matter of law on
9 December 12, 2000. (Government Code § 912.4).

10 **WARNING**

11 Subject to certain exceptions, you have only six (6) months from the date this notice was
12 personally delivered or deposited in the mail to file a court action on this claim." (See
13 Government Code § 945.6)

14 NOTE: This six-month filing period applies only to State Court actions. If your action
15 is based on federal law and/or you intend to file it in Federal Court, a shorter or longer period
16 within which to file the action may apply.

17 You may seek the advice of an attorney of your choice in connection with this matter. If
18 you desire to consult an attorney, you should do so immediately.

19 JEFFREY G. GREEN
20 Mariposa County Counsel

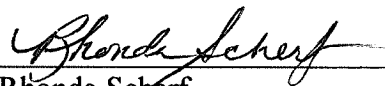
21 **PROOF OF SERVICE BY MAIL (1013a, 2015.5 C.C.P.)**

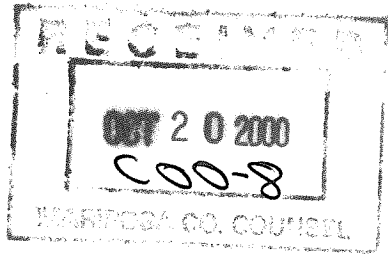
22 STATE OF CALIFORNIA, COUNTY OF MARIPOSA:

23 I am a citizen of the United States and a resident of the County aforesaid. I am over the
24 age of eighteen years and not a party to the within entitled action; my business address is 5100
25 Bullion Street (P. O. Box 189), Mariposa, CA 95338. On January 2, 2001, I served the within
26 Notice of Rejection of Claim on the claimant in said action by placing a true copy in a postage
27 paid envelope addressed to the person(s) hereinafter listed, by depositing said envelope in the
28 U.S. Mail, or by placing a copy into an inter-office delivery receptacle located in Counsel's
office:

Sawl & Netzer
2150 Tulare Street
Fresno, California 93721

I declare, under penalty of perjury, that the foregoing is true and correct. Executed on
January 2, 2001 at Mariposa, California.


Rhonda Scherf



COUNTY OF MARIPOSA CLAIM FORM

CLAIM OF James M Cunningham)
(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: James M Cunningham
Whose address is: 521 W Hatch Rd
City and State: Modesto, CA Zip: 95351

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

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

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

which occurred on May 21, 192000, in the vicinity of:
(MONTH/DAY)

Intersection of Chowchilla Mnt Rd & Harris cut-off Rd. Mariposa County
(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.)

Due to lack of visibility at the Chowchilla Mnt Rd Intersection and Harris cut-off Rd., James Cunningham and another party collided.

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

Mariposa County

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)

Back, Neck and Shoulder

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 \$ 5,789.28

Loss of earnings \$ _____

Specific damages (ITEMIZE) _____

_____ \$ _____

_____ \$ _____

Other damages (ITEMIZE)

General Damages \$ Unknown

_____ \$ _____

TOTAL DAMAGES INCURRED TO DATE: \$ 5,789.28

Estimated future damages as far as known from this incident:

Total estimated prospective damages: \$ Unknown

**TOTAL AMOUNT CLAIMED AS OF DATE
OF PRESENTATION OF THIS CLAIM:** \$ 50,000.00

All notices or other communications with regard to this claim should be sent to claimant at: Sawl & Netzer 2150 Tulare St. Fresno, Ca 93721

(ADDRESS TO WHICH NOTICES ARE TO BE SENT)

Dated: 2 Nov 00

Signed: 

(CLAIMANT/AGENT FOR CLAIMANT)

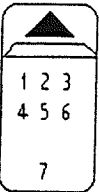
Government Code § 911.2. Time of or presentation of claims

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.

TRAFFIC COLLISION REPORT

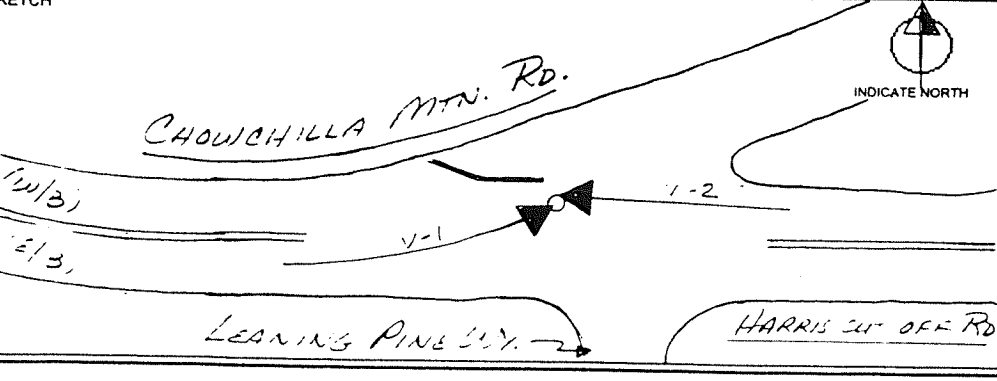
CONDITIONS		NUMBER INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY UNINCORPORATED	JUDICIAL DISTRICT MARIPOSA		LOCAL REPORT NUMBER 00-05-0026
		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY MARIPOSA	REPORTING DISTRICT 9455	BEAT 10	
LOCATION	COLLISION OCCURRED ON: CHOWCHILLA MOUNTAIN ROAD				MO 05/21/2000	DAY SUNDAY	YEAR 2000
	MILEPOST INFORMATION:				TIME (2400) 1015	NCIC # 9455	OFFICER I.D. 6186
	AT INTERSECTION WITH: OR: HARRIS CUT-OFF ROAD				TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE	
STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PARTY 1		DRIVER'S LICENSE NUMBER D0700612	STATE CA	CLASS C	SAFETY EQUIP. C
DRIVER <input checked="" type="checkbox"/>		NAME (FIRST, MIDDLE, LAST) JAMES MICHAEL CUNNINGHAM, JR.		VEH. YEAR 1965	MAKE / MODEL / COLOR GMC CUSTOM BLK/GRY		LICENSE NUMBER 32897DP
PEDESTRIAN <input type="checkbox"/>		STREET ADDRESS 521 W. HATCH ROAD SP. 6		OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER		OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER	
PARKED VEHICLE <input type="checkbox"/>		CITY / STATE / ZIP MODESTO CA 95351		DISPOSITION OF VEHICLE ON ORDERS OF: OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>			
BICYCLIST <input type="checkbox"/>		SEX M	HAIR BLK	EYES BLU	HEIGHT 5-8	WEIGHT 158	BIRTHDATE Mo 04/17/1937 Day Year RACE W
OTHER <input type="checkbox"/>		HOME PHONE (209)529-2483		BUSINESS PHONE		ABOVE ALL TOWING - (209)742-8176	
INSURANCE CARRIER VIKING INS.		POLICY NUMBER 052013585		PRIOR MECH. DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE			
DIR OF TRAVEL E		ON STREET OR HIGHWAY CHOWCHILLA MTN. RD		SPEED LIMIT 55		VEHICLE IDENTIFICATION NUMBER: CHP USE ONLY VEHICLE TYPE 22	
PARTY 2		DRIVER'S LICENSE NUMBER A0789371		STATE CA	CLASS C	SAFETY G	SHADE IN DAMAGED AREA
DRIVER <input checked="" type="checkbox"/>		NAME (FIRST, MIDDLE, LAST) JERRY LYNN WARD		VEH. YEAR 1984		MAKE / MODEL / COLOR SUBARU DL BLU	
PEDESTRIAN <input type="checkbox"/>		STREET ADDRESS 5783 CHOWCHILLA MOUNTAIN ROAD		OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER		OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER	
PARKED VEHICLE <input type="checkbox"/>		CITY / STATE / ZIP MARIPOSA CA 95338		DISPOSITION OF VEHICLE ON ORDERS OF: OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>			
BICYCLIST <input type="checkbox"/>		SEX M	HAIR BRN	EYES BLU	HEIGHT 5-8	WEIGHT 220	BIRTHDATE Mo 11/11/1947 Day Year RACE W
OTHER <input type="checkbox"/>		HOME PHONE (209)742-7515		BUSINESS PHONE (559)642-3151		PARKED AT SCENE	
INSURANCE CARRIER FARMERS		POLICY NUMBER 9513924-56-49		PRIOR MECHANICAL DEFECTS <input type="checkbox"/> NONE APP. <input checked="" type="checkbox"/> REFER TO NARRATIVE			
DIR OF TRAVEL W		ON STREET OR HIGHWAY HARRIS CUT-OFF RD.		SPEED LIMIT 55		VEHICLE IDENTIFICATION NUMBER: CHP USE ONLY VEHICLE TYPE 01	
PARTY 3		DRIVER'S LICENSE NUMBER		STATE	CLASS	SAFETY	SHADE IN DAMAGED AREA
DRIVER <input type="checkbox"/>		NAME (FIRST, MIDDLE, LAST)		VEH. YEAR		MAKE / MODEL / COLOR	
PEDESTRIAN <input type="checkbox"/>		STREET ADDRESS		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER	
PARKED VEHICLE <input type="checkbox"/>		CITY / STATE / ZIP		DISPOSITION OF VEHICLE ON ORDERS OF: OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER <input type="checkbox"/>			
BICYCLIST <input type="checkbox"/>		SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year RACE
OTHER <input type="checkbox"/>		HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE	
INSURANCE CARRIER		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER: CHP USE ONLY VEHICLE TYPE			
DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		SHADE IN DAMAGED AREA	
REPAIRER'S NAME D. WALTON 6186		DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		REVIEWER'S NAME D. May 11634		DATE REVIEWED 5-23-00	

DATE (MO. DAY YEAR)	TIME(2400)	NCIC #	OFFICER I.D.	NUMBER
0	1015	9455	6186	
OWNER		OWNER ADDRESS		NOTIFIED
PROPERTY DAMAGE				<input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF DAMAGE				

SEATING POSITION	SAFETY EQUIPMENT OCCUPANTS	M/C BICYCLE - HELMET	EJECTED FROM VEHICLE
 <p>1 - DRIVER 2 TO 6 - PASSENGERS 7 - STA. WGN REAR 8 - RR. OCC TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER</p>	<p>A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED</p> <p>L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED</p> <p>CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE</p>	<p>DRIVER V - NO W - YES</p> <p>PASSENGER X - NO Y - YES</p>	<p>0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN</p>

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT		TRAFFIC CONTROL DEVICES			TYPE OF VEHICLE			MOVEMENT PRECEDING COLLISION				
1	2	3	1	2	3	1	2	3	1	2	3	
2	A	VC SECTION VIOLATED: CITED	<input checked="" type="checkbox"/>	YES								
		22350		NO								
	B	OTHER IMPROPER DRIVING*										
	C	OTHER THAN DRIVER*										
	D	UNKNOWN*										
	E	FELL ASLEEP*										
	WEATHER (MARK 1 TO 2 ITEMS)											
X	A	CLEAR										
	B	CLOUDY										
	C	RAINING										
	D	SNOWING										
	E	FOG / VISIBILITY FT.										
	F	OTHER*										
	G	WIND										
	LIGHTING											
X	A	DAYLIGHT										
	B	DUSK - DAWN										
	C	DARK - STREET LIGHTS										
	D	DARK - NO STREET LIGHTS										
	E	DARK - STREET LIGHTS NOT FUNCTIONING*										
	ROADWAY SURFACE											
X	A	DRY										
	B	WET										
	C	SNOWY - ICY										
	D	SLIPPERY (MUDDY, OILY, ETC.)										
	ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)											
	A	HOLES, DEEP RUT*										
	B	LOOSE MATERIAL ON ROADWAY*										
	C	OBSTRUCTION ON ROADWAY*										
	D	CONSTRUCTION - REPAIR ZONE										
	E	REDUCED ROADWAY WIDTH										
	F	FLOODED*										
	G	OTHER*										
X	H	NO UNUSUAL CONDITIONS										
	PEDESTRIAN'S ACTIONS											
	A	NO PEDESTRIANS INVOLVED										
	B	CROSSING IN CROSSWALK AT INTERSECTION										
	C	CROSSING IN CROSSWALK - NOT AT INTERSECTION										
	D	CROSSING - NOT IN CROSSWALK										
	E	IN ROAD - INCLUDES SHOULDER										
	F	NOT IN ROAD										
	G	APPROACHING / LEAVING SCHOOL BUS										
	OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)											
	A	VC SECTION VIOLATED: CITED										
	B	VC SECTION VIOLATED: CITED										
	C	VC SECTION VIOLATED: CITED										
	D											
	E	VISION OBSCUREMENT:										
	F	INATTENTION*										
	G	STOP & GO TRAFFIC										
	H	ENTERING / LEAVING RAMP										
	I	PREVIOUS COLLISION										
	J	UNFAMILIAR WITH ROAD										
	K	DEFECTIVE VEH. EQUIP.: CITED										
	L	UNINVOLVED VEHICLE										
	M	OTHER*										
	N	NONE APPARENT										
	O	RUNAWAY VEHICLE										
	SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)											
	A	HAD NOT BEEN DRINKING										
	B	HBD - UNDER INFLUENCE										
	C	HBD - NOT UNDER INFLUENCE*										
	D	HBD - IMPAIRMENT UNKNOWN*										
	E	UNDER DRUG INFLUENCE*										
	F	IMPAIRMENT - PHYSICAL*										
	G	IMPAIRMENT NOT KNOWN										
	H	NOT APPLICABLE										
	I	SLEEPY / FATIGUED										
	SPECIAL INFORMATION											
	A	HAZARDOUS MATERIAL										



MISCELLANEOUS

DATE OF COLLISION (MO. DAY YEAR) 05/21/2000		TIME(2400) 1015		NCIC # 9455		OFFICER I.D. 6186		NUMBER													
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED					
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER									
<input checked="" type="checkbox"/> # 1	<input type="checkbox"/>	31	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
NAME / D.O.B. / ADDRESS NIKKI COVERT (04/08/1969) 2679 HIGHWAY 140, CATHEYS VALLEY, CA 95306												TELEPHONE (209)374-3239									
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:													
DESCRIBE INJURIES:																					
															<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED						
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
NAME / D.O.B. / ADDRESS												TELEPHONE									
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:													
DESCRIBE INJURIES:																					
															<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED						
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
NAME / D.O.B. / ADDRESS												TELEPHONE									
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:													
DESCRIBE INJURIES:																					
															<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED						
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
NAME / D.O.B. / ADDRESS												TELEPHONE									
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:													
DESCRIBE INJURIES:																					
															<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED						
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
NAME / D.O.B. / ADDRESS												TELEPHONE									
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:													
DESCRIBE INJURIES:																					
															<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED						
REPAIRER'S NAME L. D. WALTON												I.D. NUMBER 6186		MO. DAY YEAR 05/23/2000		REVIEWER'S NAME				MO. DAY YEAR	

STATE OF CALIFORNIA
FACTUAL DIAGRAM

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
MO. 5 DAY 21 YR. 00	1015	9455	6186	

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE -

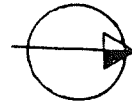
CHOWCHILLA Mtn. Rd.

LEANING PINE WY.

HARRIS CUT-OFF ROADZ

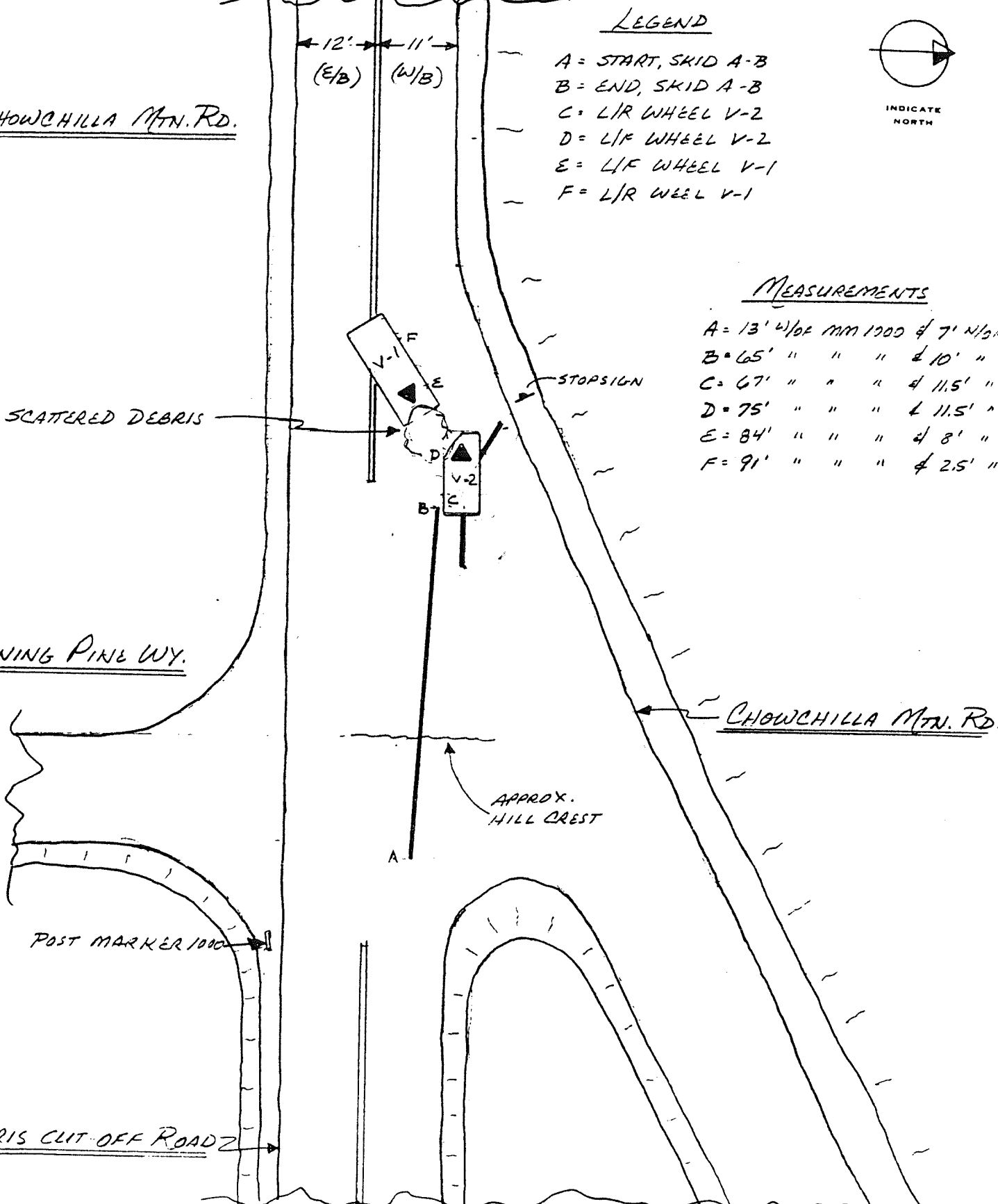
LEGEND

- A = START, SKID A-B
- B = END, SKID A-B
- C = L/R WHEEL V-2
- D = L/F WHEEL V-2
- E = L/F WHEEL V-1
- F = L/R WHEEL V-1



MEASUREMENTS

- A = 13' 4/10" OF MM 1900 & 7' 4/10" CL
- B = 65' " " " & 10' " "
- C = 67' " " " & 11.5' " "
- D = 75' " " " & 11.5' " "
- E = 84' " " " & 8' " "
- F = 91' " " " & 2.5' " "



DRAWN BY	I.D. NUMBER	MO. DAY YR.	REVIEWER'S NAME	MO. DAY YR.
L.D. WALTON	6186	5 23 00		

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
05/21/2000	1015	9455	6186	

1 **FACTS**

2

3 **NOTIFICATION**

4 I RECEIVED A CALL FROM CHP DISPATCH OF THIS NON-INJURY COLLISION AT APPROXIMATELY
5 1023 HOURS. I RESPONDED FROM THE MARIPOSA CHP OFFICE, ARRIVING AT THE SCENE AT
6 APPROXIMATELY 1049 HOURS.

7

8 **SCENE**

9 CHOWCHILLA MTN. RD. IS A TWO-WAY, TWO LANE, RURAL ROAD THAT TRAVERSES
10 UNDULATING MOUNTAINOUS TERRAIN. APPROACHING THE SCENE IN THE E/B DIRECTION THE
11 ROAD IS A SLIGHT UPGRADE AND A SWEEPING LEFT CURVE. THE VIEW OF THE UPCOMING
12 INTERSECTION WITH HARRIS CUT-OFF ROAD IS LIMITED TO APPROXIMATELY 300 FEET. THE
13 VIEW BEYOND THE INTERSECTION IS LIMITED TO APPROXIMATELY 50 FEET DUE TO THE ROAD
14 CRESTING IN THE INTERSECTION. TO CONTINUE E/B CHOWCHILLA MTN. RD., AN APPROXIMATE
15 25 DEGREE LEFT TURN MUST BE MADE AT THE INTERSECTION. AN E/B VEHICLE CONTINUING
16 STRAIGHT, WOULD BE PROCEEDING ONTO HARRIS CUT-OFF ROAD.

17

18 APPROACHING THE SCENE W/B HARRIS ROAD CUT-OFF, THE ROAD IS AT A STEEP INCLINE WITH A
19 SLIGHT CURVATURE TO THE RIGHT. APPROXIMATELY 200 FEET PRIOR TO CHOWCHILLA MTN. RD.
20 THERE IS A WARNING SIGN INDICATING A T-INTERSECT AHEAD. DUE TO THE ROAD GRADE THE
21 VIEW OF THE E/END OF THE INTERSECTION IS LIMITED TO APPROXIMATELY 200 FEET. DUE TO
22 ROAD CRESTING, THE W/END OF THE INTERSECTION IS LIMITED TO APPROXIMATELY 50 FEET.

23

24 **PARTIES**

25 **PARTY-1(CUNNINGHAM)** WAS LOCATED AT THE COLLISION SCENE. HE WAS IDENTIFIED AS THE
26 DRIVER OF V-1 BY HIS OWN STATEMENT AND THOSE OF PARTY-2. V-1 WAS FOUND FACING A N/E
27 DIRECTION WITHIN THE INTERSECTION, AS DEPICTED ON THE DIAGRAM. IT HAD SUSTAINED
28 MAJOR DIRECT CONTACT DAMAGE TO THE FRONT, CENTER. THERE WERE NO APPARENT PRE-
29 COLLISION EQUIPMENT DEFECTS.

30

31 **PARTY-2(WARD)** WAS LOCATED AT THE COLLISION SCENE. HE WAS IDENTIFIED AS THE DRIVER
32 OF V-2 BY HIS OWN STATEMENTS AND THOSE OF PART-1. V-2 WAS FOUND FACING A W/B
33 DIRECTION ALONG THE N/EDGE OF THE INTERSECTION, AS DEPICTED ON THE DIAGRAM. IT HAD
34 SUSTAINED MAJOR DIRECT CONTACT DAMAGE, ANGLING ACROSS THE L/F CORNER. THREE TIRES
35 ON V-2 HAD INSUFFICIENT TIRE TREAD. THIS EQUIPMENT DEFECT WOULD NOT HAVE BEEN A
36 NEGATIVE FACTOR IN THIS COLLISION.

37

38 **PHYSICAL EVIDENCE**

39 SCATTERED DEBRIS AND FLUID RUNOFF FROM BOTH VEHICLES INDICATED BOTH V-1 AND V-2
40 WERE IN THEIR UNMOVED POINTS OF REST, UPON CHP ARRIVAL TO THE SCENE.

41

42 A SINGLE LOCKED-WHEEL SKID MARK APPROXIMATELY 52 FEET IN LENGTH WAS LOCATED
43 STARTING IN THE W/B DIRECTION, EXTENDING FROM HARRIS CUT-OFF ROAD. IT ENDED JUST SHY
44 OF THE L/R TIRE OF V-2, AT REST. PARTY-2 ADVISED THE SKID MARK HAD COME FROM V-2, PRE-
45 COLLISION.

46

47

REPAIRER'S NAME DATE	I.D. NUMBER	DATE	REVIEWER'S NAME
L. WALTON	6186	05/23/2000	

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT

TIME

NCIC NUMBER

OFFICER I.D.

Pg. 6
NUMBER

05/21/2000

1015

9455

6186

STATEMENTS

1 **PARTY-1(CUNNINGHAM)**, INDICATED; HE HAD BEEN TRAVELING E/B CHOWCHILLA MTN. RD. AT
 2
 3 30-35 MPH. APPROACHING THE INTERSECTION, HE COULD OBSERVE NO TRAFFIC APPROACHING
 4 FROM THE OPPOSITE DIRECTION. HE STARTED TO MAKE A LEFT TURN, TO CONTINUE ON
 5 CHOWCHILLA MTN. RD.. THE FRONT OF HIS TRUCK WAS ANGLED TOWARD CHOWCHILLA MT.
 6 RD.(CONTINUATION) ABOUT HALF WAY ACROSS THE E/B LANE WHEN HE FIRST OBSERVED V-2. IT
 7 WAS COMING W/B OVER THE ROAD CREST, VERY FAST. HE DIDN'T HAVE TIME TO DO ANYTHING
 8 BUT STEER BACK TO THE RIGHT BEFORE THE TWO VEHICLES IMPACTED.
 9

10
 11 **PARTY-2(WARD)**, INDICATED; HE WAS DRIVING W/B HARRIS CUT-OFF ROAD AS HE ALWAYS
 12 DOES. HE WOULDN'T INITIALLY COMMIT TO A VEHICLE VELOCITY FOR V-2 BUT EVENTUALLY
 13 ESTIMATED V-2 TO BE TRAVELING 40 MPH ENTERING THE INTERSECTION. WHEN HE CAME OVER
 14 THE HILL, V-2 WAS COMING E/B, ALREADY ANGLED HALF WAY ACROSS THE W/B LANE. HE
 15 BRAKED V-2 "AND THE REST IS HISTORY."
 16

17 **WITNESS COVERT**, INDICATED; HE HAD BEEN DRIVING BEHIND V-1 FROM THE TOWN AREA OF
 18 MARIPOSA. HIS VEHICLE WAS DIRECTLY TO THE REAR OF V-1, E/B CHOWCHILLA MTN. RD. AS
 19 THEY APPROACHED HARRIS CUT-OFF. V-1 WAS GOING KIND OF SLOW, ABOUT 35 MPH. THE LEFT
 20 TURN SIGNAL WAS ACTIVATED ON V-1 AS IT APPROACHED THE UPCOMING INTERSECTION.
 21 WHEN V-1 STARTED ANGLING LEFT, HE WENT TO THE RIGHT TOWARD THE RIGHT SHOULDER. HE
 22 HAD A CLEAR VIEW OF THE ROADWAY AHEAD. V-1 WAS ALREADY TURNED HALF WAY ACROSS
 23 THE W/B TRAFFIC LANE BEFORE V-2 CAME INTO VIEW, W/B OVER THE HILL CREST. "IT WAS
 24 FLYING." HE ESTIMATED V-2 TO BE TRAVELING A MINIMUM 50 MPH. V-2 "WAS GOING SO FAST, IT
 25 ALMOST LIFTED OFF THE GROUND" AT THE TOP OF THE HILL CREST. THERE WAS NO WAY THE
 26 TWO CARS COULD HAVE AVOIDED A COLLISION, AT THAT TIME. THE IMPACT CAUSED V-1 TO BE
 27 PUSHED BACKWARDS 5-6 FEET.
 28

OPINIONS AND CONCLUSIONS**SUMMARY**

29
 30
 31 V-1 HAD BEEN TRAVELING E/B CHOWCHILLA MTN. RD. APPROACHING THE INTERSECTION WITH
 32 HARRIS CUT-OFF RD. V-1 WAS TRAVELING APPROXIMATELY 35 MPH AND HAD ITS LEFT TURN
 33 SIGNAL ACTIVATED. AT THE INTERSECTION V-1 STARTED ANGLING N/E TO CONTINUE E/B
 34 CHOWCHILLA MTN. RD. V-1 WAS PART WAY ACROSS THE W/B TRAFFIC LANE WHEN V-2 CAME
 35 INTO VIEW, W/B HARRIS CUT-OFF ROAD. V-2 WAS TRAVELING A MINIMUM 40 MPH AS IT ENTERED
 36 THE INTERSECTION. PARTY-2 BRAKED V-2 SHARPLY. V-2 SKIDDED N/W TOWARD THE N/EDGE OF
 37 THE ROADWAY EXTENSION. THE LEFT FRONT OF V-2 COLLIDED WITH THE CENTER FRONT OF V-1.
 38
 39

AREA OF IMPACT

40 V-1 VS V-2 WAS APPROXIMATELY 10 FEET N/OF CHOWCHILLA MTN. RD. CENTERLINE AND
 41 APPROXIMATELY 73 FEET W/OF MILE MARKER 1000. IT WAS BASED ON STATEMENTS AND
 42 PHYSICAL EVIDENCE.
 43
 44
 45
 46
 47

REPAIRER'S NAME
DATE

I.D. NUMBER

DATE

REVIEWER'S NAME

L. WALTON

6186

05/23/2000

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
05/21/2000	1015	9455	6186	

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CAUSE

THE PRIMARY COLLISION FACTOR WAS V-2 BEING DRIVEN AT AN EXCESSIVE RATE OF SPEED, IN VIOLATION OF 22350 V.C.. V-1 HAD ALREADY STARTED ITS TURN ACROSS THE W/B ROADWAY DIRECTION WHEN THERE WAS NO FORESEEABLE HAZARD. DUE TO THE EXTREMELY LIMITED VISIBILITY, PARTY-2 WAS UNABLE TO AVOID ANY HAZARD AHEAD IN THE W/B TRAFFIC LANE DUE TO THE VELOCITY OF V-2.

RECOMMENDATIONS

SUBMIT THIS REPORT FOR REVIEW; EVIDENCE AND STATEMENTS SUBSTANTIATE A VEHICLE CODE VIOLATION.

REPAIRER'S NAME

I.D. NUMBER

DATE

REVIEWER'S NAME

L. WALTON

6186

05/23/2000

MARIPOSA COUNTY COUNSEL
P. O. Box 189
Mariposa, CA 95338
Phone (209) 966-3222
Fax (209) 966-5147

FACSIMILE TRANSMITTAL SHEET

TO:

Lorraina

(Jonathan Gary Netzer)

FROM:

Rhonda Scherf, Exec. Secretary

COMPANY:

Sawl & Netzer

DATE:

11/7/00

FAX NUMBER:

559/266-3421

TOTAL NO. OF PAGES INCLUDING COVER:

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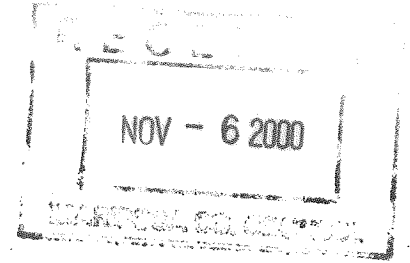
RE:

Claim of James M. Cunningham

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

SAWL & NETZER

Attorneys at Law
2150 Tulare Street
Fresno, California 93721
Tel: (559) 266-9800
Fax: (559) 266-3421



October 18, 2000

County of Mariposa
Clerk of the Board of Supervisors
Jeffrey Green
County Counsel Risk Manager
5100 Bullion Street
Mariposa, California 95338

RE: Claim of James M. Cunningham
Date of Incident: May 21, 2000

Enclosed please find our government claim with the attached traffic collision report regarding the above entitled matter. Please provide me with a conformed copy in the self addressed envelope enclosed.

Should you have any questions regarding this matter, please contact me directly.

Very truly yours,

SAWL & NETZER

JONATHAN GARY NETZER

JGN/lc
Enclosure

JEFFREY G. GREEN
County Counsel
(209) 966-3222



P. O. Box 189
Mariposa, CA 95338
FAX (209) 966-5147

The County Counsel
MARIPOSA COUNTY
October 24, 2000

Jonathan Gary Netzer, Esq.
Sawl & Netzer Attorneys at Law
2150 Tulare Street
Fresno, CA 93721

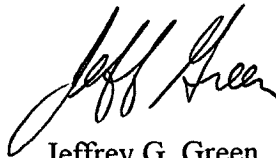
Re: Claim of James M. Cunningham

Dear Mr. Netzer:

Please be advised that I am in receipt of your Claim dated October 18, 2000 relative to the above matter. However, the letter and attachments that you have forwarded are not sufficient for our purposes. Therefore, I have enclosed a claim form for you to fill out and return to my office for processing. The date of receipt of your original Claim will be used for processing purposes.

Should you have any questions regarding this matter, please feel free to contact me.

Very truly yours,



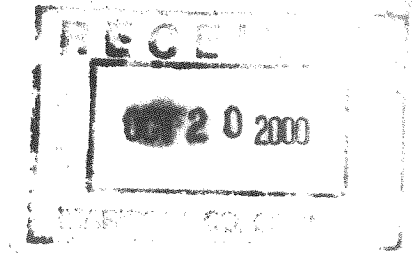
Jeffrey G. Green
County Counsel

rs

encl/as stated

SAWL & NETZER

Attorneys at Law
2150 Tulare Street
Fresno, California 93721
Tel: (559) 266-9800
Fax: (559) 266-3421



October 18, 2000

County of Mariposa
Clerk of the Board of Supervisors
Jeffrey Green
County Counsel Risk Manager
5100 Bullion Street
Mariposa, California 95338

RE: Claim of James M. Cunningham
Date of Incident: May 21, 2000

Enclosed please find our government claim with the attached traffic collision report regarding the above entitled matter. Please provide me with a conformed copy in the self addressed envelope enclosed.

Should you have any questions regarding this matter, please contact me directly.

Very truly yours,

SAWL & NETZER

A handwritten signature in black ink, appearing to read "JG Netzer". The signature is stylized and somewhat cursive.

JONATHAN GARY NETZER

JGN/lc
Enclosure

SAWL & NETZER

2150 Tulare Street
Fresno, California 93721
Tel. (559) 266-9800
Fax (559) 266-3421

October 16, 2000

County of Mariposa
Clerk of the Board of Supervisors
Jeffrey Green
County Counsel Risk Manager
5100 Bullion Street
Mariposa, California 95338

RE: Claim of James M. Cunningham
Date of Incident: May 21, 2000

Dear Mr. Green:

Pursuant to California Government Code, Claimant James M. Cunningham presents the following claim against the County of Mariposa.

Claimant James M. Cunningham address is 521 W. Hatch Road, Space 6, Modesto, California.

Mariposa County should send all notices regarding this claim to Sawl and Netzer, attention Jonathan Gary Netzer, Attorney at Law, 2150 Tulare Street, Fresno, California 93721.

Claimant seeks damages arising from an incident, which occurred on May 21, 2000, in the County of Mariposa between Claimant and another vehicle on Chowchilla Mountain Road, Mariposa County, California. Specific details of liability are contained in the traffic collision report attached hereto as Exhibit "A".

Claimant was injured as follows: Back, Neck and Shoulders.

The total amount of damages is unknown at this time; however, the amount in controversy is in excess of the minimal jurisdictional requirement of the Superior Court, and jurisdiction and venue over the claims would properly rest in the Superior Court, County of Mariposa.

Very truly yours,

SAWL & NETZER

A handwritten signature in black ink, appearing to read 'JG Netzer', written over a horizontal line.

Jonathan Gary Netzer

JGN\kfs

Enclosure

cc: James M. Cunningham