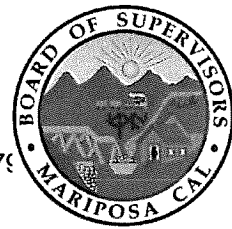


MARIPOSA COUNTY

Human Resources/Risk Management · (209) 742-1379



RESOLUTION - ACTION REQUESTED 2016-540

MEETING: October 11, 2016

TO: The Board of Supervisors

FROM: Steve Johnson, Human Resources Director - Risk Manager

RE: Rejection of Claim No. C16-13 Claimant: Georgeanne Gagnon

RECOMMENDATION AND JUSTIFICATION:

Reject Claim No. C16-13 presented by Georgeanne Gagnon for an undetermined amount; and authorize the Board of Supervisors Chair to sign the Notice of Rejection.

The claimant alleges a sustained injury from a slip and fall on 4th Street. The claimant has not proven liability; therefore, it is recommended that this claim be rejected.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board has previously rejected unsubstantiated claims.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

ATTACHMENTS:

Claim No. C16-13 Georgeanne Gagnon (PDF)
Notice of Rejection - Gagnon (DOC)

CAO RECOMMENDATION

Requested Action Recommended



Mary Hodson, CAO 10/5/2016

RESULT: ADOPTED BY CONSENT VOTE [UNANIMOUS]

MOVER: Marshall Long, District III Supervisor

SECONDER: Merlin Jones, District II Supervisor

AYES: Smallcombe, Jones, Long, Cann, Carrier




Georgianne Gagnon
2377 Acacia Avenue
Clovis, CA 93612

NOTICE OF REJECTION OF CLAIM No. C16-13/GEORGEANNE GAGNON

Notice is hereby given that the claim which you presented to the Board of Supervisors on August 11, 2016 for an undetermined amount was rejected.

The foregoing was passed by the following vote of the Board on the 11th day of October 2016:

AYES: SMALLCOMBE, JONES, LONG, CANN, CARRIER
NOES: NONE
ABSENT: NONE
ABSTAINED: NONE




JOHN CARRIER, Chair
Board of Supervisors

ATTEST:



RENE' LA ROCHE
Clerk of the Board

APPROVED AS TO FORM:



STEVEN W. DAHLEM
County Counsel

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. 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.

Proof of Service by Mail
(1013a, 2015.5 CCP)

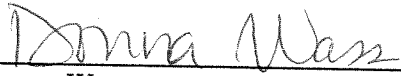
STATE OF CALIFORNIA, COUNTY OF MARIPOSA:

I am a citizen of the United States and a resident of the aforesaid County. I am over the age of eighteen years and not a party to the within entitled action; my business address is 4988 11th Street (P.O. Box 1917), Mariposa, CA 95338. On October 13, 2016 I served the within Notice of Rejection of Claim No. C16-13/Georgeanne Gagnon on the claimant in said action by placing a true copy in a postage-paid envelope addressed to the person(s) hereinafter listed, in California, addressed as follows:

Georgeanne Gagnon
2377 Acacia Avenue
Clovis, CA 93612

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

Executed on October 13, 2016 at Mariposa, California.



Donna Wass

RECEIVED

AUG 11 2016

COUNTY OF MARIPOSA CLAIM FORM

BOARD OF SUPERVISORS

CLAIM OF Georganne Gagnon)
 (Claimant))
 v.)
COUNTY OF MARIPOSA)
 _____)

CLAIM FOR PERSONAL INJURY
 AND/OR PROPERTY DAMAGE
 (Government Code § 910)

016-13

TO THE BOARD OF SUPERVISORS OF MARIPOSA COUNTY:

YOU ARE HEREBY NOTIFIED that: (Please type or print)

Claimant: Georganne Gagnon
 Whose address is: 2377 Acacia Avenue
 City and State: Clovis CA Zip: 93612

claims damages from the **COUNTY OF MARIPOSA** in the amount, computed as of the date of presentation of this claim, of \$3,431.36.

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

- Property Damage
- Personal Injury
- Contract
- Other (Please List) _____

which occurred on April 30, 2016 in the vicinity of (place where incident occurred):
(MONTH/DAY)

4th Street, Mariposa, CA
(PLACE WHERE INCIDENT OCCURRED)

Describe generally the facts and circumstances that give rise to the claim: (Please provide another page if more space is needed.)
Please see attached

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

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.)

Avulsion Fracture to left ankle, Severe Left Ankle Sprain, Sprain of Left knee and abrasions

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	\$1,431.46
Loss of earnings	\$2,000.00

Specific damages (ITEMIZE & PROVIDE 3 REPAIR ESTIMATES)

_____	\$ _____
_____	\$ _____

Other damages (ITEMIZE)

_____	\$ _____
_____	\$ _____

TOTAL DAMAGES INCURRED TO DATE: \$3,431.46

Estimated future damages as far as known from this incident:

Total estimated prospective damages: \$ See attached

TOTAL AMOUNT CLAIMED AS OF DATE OF PRESENTATION OF THIS CLAIM: \$3,431.46

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

2377 Acacia Avenue, Clovis, CA 93612

(ADDRESS TO WHICH NOTICES ARE TO BE SENT)

Please return the completed form to: Clerk of the Board, 5100 Bullion St, PO Box 784, Mariposa, CA 95338

PLEASE NOTE that once submitted, this document becomes a public record and is subject to all forms of public inspection including, but not limited to, display on the internet, and all public records requests.

Dated: 8/8/16

Signed: Bernadette Chapman
(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.

Describe generally the facts and circumstances that give rise to the claim:

I was in Mariposa on 4/30/16 for the Butterfly Festival. As a vendor there, I was given a designated parking space to park my car, which was at the top of 4th Street in the State Farm Insurance office's parking lot. I was checking on my car in the afternoon of the event and proceeded to walk back to my booth and slipped and fell on the gravel on the street and front of the church and fell into the rose brambles. There are no sidewalks provided for people to walk on 4th Street, the area is poorly maintained and with the incline and gravel it is quite a treacherous terrain. Frightened and in pain I hobbled back to my booth hanging on to cars all the way down the hill and back to my booth. Due to the pain and injury, I was forced to leave the event before it ended on the first day. I was helped by a fireman, other vendors and the fireman's girlfriend to pack up my booth in my car as I was unable to myself. We then proceeded to the John C. Fremont Hospital to have my foot examined. It was explained to me that my left ankle had sustained a fracture. My foot was x-rayed, splinted and I was given crutches, released and then had to drive back home to Clovis in this condition.

I am currently still in continual pain and need to take care when I walk. I still do not have full confidence when walking.

***Estimated further damages** are unknown until November 2016. MRI revealed potential tear to ligament but no need for surgery at this time. However, if I am still in pain as of November doctor's appointment, further measures may be necessary at that time.