



MEMORANDUM

TO: SLDMWA Board of Directors

FROM: Frances C. Mizuno, Assistant Executive Director

DATE: July 11, 2019

RE: Rejection of Claim

BACKGROUND

On May 30, 2019, an Authority maintenance worker was travelling north on a Delta-Mendota Canal road crossing Charleston Road in Los Banos. The employee stopped at the stop sign, looked both ways for traffic, did not see anything in either direction, then proceeded through the intersection and collided with a vehicle travelling westbound on Charleston Road. The other vehicle has been deemed a total loss. There was no immediate medical treatment rendered at the time of the accident, though there are indications of potential future medical.

The Authority employee was not injured. Authority vehicle repairs: \$3,836

A claim was submitted to the Authority on June 24, 2019. We in turn submitted the claim to the ACWA/JPIA, the Authority's insurance agency, who recommended following their risk control process of rejecting the claim.

ACTION REQUESTED

Under the California Government Code §945.6, the Authority has 45 days from the presentation of a claim to reject it. When a claim is rejected in writing, the claimant has only six months in which to file suit. However, if the claim is not rejected in writing, the claim is then allowed to be rejected as a matter of law, which means the claimant would have two years in which to file suit. Therefore, we recommend the Board reject any and all claims relating to this incident, Claim No. AU02146620.

Claim Form

(A claim shall be presented by the claimant or by a person acting on his behalf.)

NAME OF DISTRICT:

1 Claimant name, address (mailing address if different), phone number, social security number, e-mail address, and date of birth.
Effective January 1, 2010, the Medicare Secondary Payer Act (Federal Law) requires the District/Agency to report all claims involving payments for bodily injury and/or medical treatments to Medicare. As such, if you are seeking medical damages, we MUST have both your Social Security Number and your date of birth.

Name: [REDACTED] Phone Number: [REDACTED]
Address(es): [REDACTED] Social Security No.: [REDACTED]
[REDACTED] Date of Birth: [REDACTED]
E-mail: [REDACTED]

2 List name, address, and phone number of any witnesses.

Name:
Address:
Phone Number: ()

3 List the date, time, place, and other circumstances of the occurrence or transaction, which gave rise to the claim asserted.

Date: 5/30/19 Time: 2:45 PM Place: Charleston Rd & canal service road

Tell What Happened (give complete information):

My vehicle was WB on Charleston Rd approaching the bridge over the canal with no stop sign. Your vehicle ran the stop sign from the canal road onto Charleston. Your vehicle hit my vehicle on the driver's side & pushed it into the bridge railing.

NOTE: Attach any photographs you may have regarding this claim.

4 Give a general description of the indebtedness, obligation, injury, damage, or loss incurred so far as it may be known at the time of presentation of the claim.

Driver's side bedside, wheel, passenger side fender, door, hood - not drivable
bed cover was thrown off and damaged
laptop and sunglasses were broken

5 Give the name or names of the public employee or employees causing the injury, damage, or loss, if known.

[REDACTED]

6 The amount claimed if it totals less than ten thousand dollars (\$10,000) as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed. If the amount claimed exceeds ten thousand dollars (\$10,000), no dollar amount shall be included in the claim. However, it shall indicate whether the claim would be a limited civil case.

\$14,000 approximately

Date: 6/19/19 Time: 4:40 PM Signature: [REDACTED]

ANSWER ALL QUESTIONS. OMITTING INFORMATION COULD MAKE YOUR CLAIM LEGALLY INSUFFICIENT!



July 12, 2019

Brigham Krebs
Horace Mann Insurance
3701 Regent Blvd., Ste. 300
PO Box 631790
Irving, TX 75063

Re: Claim # AU02146620

Dear Mr. Krebs,

Notice is hereby given that the claim which you presented on behalf of your client,-----, to the San Luis & Delta Mendota Water Authority Board of Directors on June 24, 2019 was rejected on July 11, 2019.

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 State Court Action on this claim. See California Government Code §945.6. Your time for filing an action in federal court may be less than this six month.

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.

In providing this notice, or by any other action it has taken on this claim, San Luis & Delta Mendota Water Authority does not intend to relinquish or waive any of its legal claims requirements or any rights or defenses potentially available to San Luis & Delta Mendota Water Authority or its officers, directors, employees or agents.

Should you file a lawsuit in this matter which is determined to be in bad faith and without reasonable cause, please be advised that San Luis & Delta Mendota Water Authority will attempt to recover all of its defense costs from you as allowed by California Code of Civil Procedure §128.5, §128.7, and §1038.

If you have any questions about your claim, or this letter, please call the undersigned, or our claims administrator at 916-786-5742

Sincerely,

Laures Stiles
HR Analyst II

842 SIXTH STREET

SUITE 7

P.O. BOX 2157

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