

NOTICE OF CLAIM
AGAINST THE COUNTY OF MENDOCINO
(Government Code Section 910 et seq.)



INSTRUCTIONS (Please read carefully):

- * Claims related to injury to person or damage to personal property must be presented to the County within (6) months from the date of loss.
- * Claims related to any other loss must be presented not later than (1) year from the date of loss.
- * Answer all items fully and to the best of your knowledge and information. Failure to do so may result in your claim being found insufficient.
- * If more space is needed to provide requested information, please attach additional pages identifying paragraph(s) being answered.
- * Legal advice concerning your claim should be obtained from your own lawyer.

MAIL COMPLETED FORM TO:

Mendocino County Board of Supervisors
Attn: Clerk of the Board
501 Low Gap Road, Room 1090
Ukiah, CA 95482

Date Received by BOS

1. Claimant's Name: Pacific Bell Telephone Co. Daytime Phone: (530) 888-2044
DBA - AT-T of CA

2. Claimant's Mailing Address: 12824 Earhart Ave, Auburn, CA 95602

3. Home Phone: () _____ Date of Loss: 7/22/11 Time of Loss: _____

4. Location of Loss (Specify in as much detail as possible, example: corner of State and Perkins):
Ryan Creek off of Ryan Creek Road, Willits, CA

5. Description of incident/accident which caused you to make this claim:
County contractor fell large tree breaking pole which was jointly owned with PG&E

6. What specific injury, damages or other losses did you incur? See attached

7. What amount of money are you seeking to recover? (check one of the boxes below)
☐ The amount claimed is less than \$2,000 Enter the amount claimed here: \$ _____
☒ The amount claimed is more than \$2,000. Enter the amount claimed here: \$ 11,187.45

Please attach any and all itemized bills, repair estimates, receipts, etc.

8. What are the name(s) of the County employee(s) whom you allege caused your injury, damage or loss, if known? Alex Straessle (project manager)

9. All notices and communications with regard to this claim will be directed to the Claimant shown in lines 1 and 2 above.

I/WE, the undersigned, declare under penalty of perjury that I/WE have read the foregoing claim for damages and know the contents thereof; that the same is true of my/our own knowledge and belief, save and except as to those matters wherein stated on information and belief, and as to them, I/WE believe to be true.

Susan M Hopley
Claimant Printed Name

[Signature]
Claimant Signature

12/12/11
Date Signed

PLEASE SEE REVERSE SIDE FOR WARNING.

✓
Ci Co Co & Risk w/ attachments



Claim For Damages

To: MENDOCINO COUNTY
CLERK OF THE BOARD
510 LOW GAP RD. RM # 1090
UKIAH, CA 95482

Date: 12/05/2011
Page 1 of 1
Claim #: PACB-CN-201107-0W-0077-SMH

Charges for Damages to: PACIFIC BELL TEL CO., DBA AT&T- CALIFORNIA
Occurred/Discovered On or About: 07/22/2011
Approximate Location: RYAN CREEK OFF RYAN CREEK RD, MENDOCINO COUNTY, WILLITS, CA
How Damage Occurred: POLE WAS DAMAGED

The following amounts include direct and indirect costs covering repair of this damage including but not limited to personnel, equipment and

LABOR COST:	\$9,154.36
MATERIALS/UNIT COST ITEMS:	\$20.09
CONTRACTOR:	\$0.00
LOSS OF USE:	\$0.00
OTHER: JT POLE	\$2,013.00
TOTAL AMOUNT DUE:	\$11,187.45

(**** PLEASE DO NOT PAY WITH TELEPHONE BILL ****)

Remit Payment to:
AT&T
909 Chestnut Street
Room 39-N-13
St. Louis, MO 63101-3099

**** INQUIRIES 800-894-0374 or 800-363-3234 (FAX)**

Return this section with payment

This payment is due upon receipt. If payment is not received within 30 days further collection action will be taken. IF A PAYMENT FOR LESS THAN THE FULL AMOUNT IS RECEIVED, IT WILL BE APPLIED AS A PARTIAL PAYMENT.

If you are covered by insurance, please forward this to your carrier for payment. Once your claim has been established with your insurance company, please contact us at 800-894-0374 with your claim information, and we will work with your insurance company to resolve.

AT&T accepts checks, money orders or credit card payments. We do not accept cash. Please complete the information below and return to the address above or you may call 800-894-0374 to pay by phone.

Credit Card number: _____ Three digit security number on back of card: _____

Name on Card: _____ Expiration Date: ____/____/____

Amount to be charged to your card: \$ _____ SIGNATURE: _____

Claim #: PACB-CN-201107-0W-0077-SMH (Please write claim number_

BREAKDOWN OF CHARGES FOR DAMAGES

Page 1 of 1
 RUN DATE: 12/ 5/2011

CLAIM NUMBER: PACB-CN-201107-0W-0077

TIME

<u>EMPLOYEE</u>	<u>DATE OF REPAIR</u>	<u>REG HRS</u>	<u>REG RATE</u>	<u>OVT HRS</u>	<u>OVT RATE</u>	<u>DBL HRS</u>	<u>DBL RATE</u>	<u>AMOUNT</u>
EA	07/22/2011	2.00	112.6105191					\$225.23
JF	07/22/2011	7.50	110.7552167					\$830.65
AG	07/22/2011	1.50	117.8127648					\$176.71
RW	07/22/2011	2.00	110.7552167					\$221.52
RW	07/22/2011	8.00	110.7552167					\$886.04
DA	07/22/2011	2.00	110.7552167					\$221.52
JF	07/23/2011	3.50	110.7552167					\$387.63
JF	07/23/2011	5.00	110.7552167					\$553.78
RD	07/23/2011	12.75	110.7552167					\$1,412.13
MA	07/25/2011	8.00	117.8127648					\$942.51
MA	07/26/2011	8.00	117.8127648					\$942.51
MA	07/28/2011	4.00	117.8127648					\$471.25
JF	08/09/2011	3.00	110.7552167					\$332.27
JF	08/09/2011	4.50	110.7552167					\$498.40
RD	08/09/2011	6.50	110.7552167					\$719.94
RD	08/09/2011	2.00	110.7552167					\$221.52
JF	11/21/2011	1.00	110.7552167					\$110.75
LABOR SUB-TOTAL								\$9,154.36

MATERIAL

<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>UNIT COST</u>	<u>AMOUNT</u>
NDC TROUBLE TICKET	1	8.6600000	\$8.66
NCSC TROUBLE TICKET	1	11.4300000	\$11.43
MATERIAL SUB-TOTAL			\$20.09

CONTRACTOR

<u>CONTRACTOR NAME</u>	<u>AMOUNT</u>
CONTRACTOR SUB-TOTAL	
	\$0.00

LOSS OF USE

<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>UNIT COST</u>	<u># OF DAYS</u>	<u>AMOUNT</u>
LOSS OF USE SUB-TOTAL				\$0.00

OTHER ITEMS

DESCRIPTION	AMOUNT
JT POLE	\$2,013.00
OTHER ITEMS SUB-TOTAL	
	\$2,013.00

TOTAL TIME, MATERIAL, CONTRACTOR, LOSS OF USE, OTHER ITEMS \$11,187.45

CARMEL J. ANGELO
Chief Executive Officer
Clerk of the Board



**COUNTY OF MENDOCINO
BOARD OF SUPERVISORS**

CONTACT INFORMATION
501 Low Gap Road • Room 1010
Ukiah, California 95482
TELEPHONE: (707) 463-4221
FAX: (707) 463-7237
Email: bos@co.mendocino.ca.us
Web: www.co.mendocino.ca.us/bos

Pacific Bell Telephone Co.
12824 Earhart Ave.
Auburn, CA 95602

To Whom It May Concern:

NOTICE IS HEREBY GIVEN that the claim you presented to the County of Mendocino on December 14, 2011 was rejected on January 10, 2012.

WARNING

Subject to certain exceptions, you have only six (6) months from the date that this notice was personally delivered or deposited in the mail to file a court action on this claim. [See Government Code § 945.6] You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult with an attorney, you should do so immediately.

Please also be advised that pursuant to California Code of Procedure sections 128.5 and 1038, the County will seek to recover all costs of defense in the event an action is filed in the matter and it is determined that the action was not brought in good faith and with reasonable cause.

Very truly yours,

COUNTY OF MENDOCINO
BOARD OF SUPERVISORS

Dated: _____

By: _____
Carmel J. Angelo, Clerk

CJA/rma

cc: County Counsel
Kristin McMenomey, Risk Manager

THE BOARD OF SUPERVISORS

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First District

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