

Mayor
William Siegel
Mayor Pro Tem
Lois Wynne
Council Members
John Gordon
Eddie Neal
Willard Rodarmel



**Office of the
City Clerk**

119 Fox Street
Lemoore ♦ CA 93245
Phone ♦ (559) 924-6700
FAX ♦ (559) 924-9003

Staff Report

ITEM 2-5

To: Lemoore City Council
From: Janie Venegas, Administrative Secretary / City Clerk
Date: March 27, 2014
Subject: Claim for James Cutler

A handwritten signature in blue ink, appearing to be "J.V.", located to the right of the "From:" field.

Discussion:

AIMS has suggested the City issue a Notice of Rejection Under Operation of Law in order to establish a six month civil status.

Budget Impact:

Unknown at this time.

Recommendation:

That the City Council, by motion, approve the Notice of Rejection for James Cutler.

CENTRAL SAN JOAQUIN VALLEY RISK MANAGEMENT AUTHORITY

CLAIM FORM

(Please Type Or Print)

CLAIM AGAINST CITY OF LEMOORE (REFUSE PICK UP)
(Name of Entity)

Claimant's name: JAMES CUTLER

SS#: _____ DOB: _____ Gender: Male Female _____

Claimant's address: _____ Telephone: _____

Address where notices about claim are to be sent, if different from above: _____

Date of incident/accident: 12-30-13

Date injuries, damages, or losses were discovered: 12-30-13

Location of incident/accident: 1182 PINE DRIVE

What did entity or employee do to cause this loss, damage, or injury? HIT THE BACK (DRIVERS SIDE) LEFT CORNER OF CAR WITH HIS TRUCK
(Use back of this form or separate sheet if necessary to answer this question in detail.)

What are the names of the entity's employees who caused this injury, damage, or loss (if known)? _____

What specific injuries, damages, or losses did claimant receive? LEFT CORNER OF CAR DENTED UP.
(Use back of this form or separate sheet if necessary to answer this question in detail.)

What amount of money is claimant seeking or, if the amount is in excess of \$10,000, which is the appropriate court of jurisdiction. Note: If Superior and Municipal Courts are consolidated, you must represent whether it is a "limited civil case" [see Government Code 910(1)]
ENOUGH TO HAVE CAR FIXED. 1006.38

How was this amount calculated (please itemize)? ESTIMATE FROM JONES COLLISION CENTER, SEE ATTACHMENT.
(Use back of this form or separate sheet if necessary to answer this question in detail.)

Date Signed: 14 FEB 14 Signature: _____

If signed by representative:
Representative's Name _____ Address _____
Telephone # _____
Relationship to Claimant _____

RECEIVED
FEB 20 2014
BY: [Signature]

Jones Collision Center

113 E Street, Lemoore, CA 93245-2742
 (559) 924-2169
 Fax: (559) 924-0616
 Email: jonescollision@sbcglobal.net
 Tax ID: 45-0463907 BAR #: ARD00230277 EPA #: CAL000296466

Damage Assessed By: David Jones

Deductible: UNKNOWN

Insured: JAMES CUTLER
 Owner: JAMES CUTLER
 Address:
 Telephone: Home Phone:

Mitchell Service: 911092

Description: 2009 Toyota Corolla S
 Body Style: 4D Sed
 VIN: 1NXBU40E19Z131875
 Mileage: 56,504
 OEM/ALT: A
 Color: SILVER
 Options: PASSENGER AIRBAG, DRIVER AIRBAG, POWER LOCK, POWER STEERING
 REAR WINDOW DEFOGGER, MANUAL AIR CONDITION, TILT STEERING COLUMN
 TELESCOPIC STEERING COLUMN, ANTI-LOCK BRAKE SYS., FOG LIGHTS, AUXILIARY INPUT
 LEATHER STEERING WHEEL, POWER ADJUSTABLE EXTERIOR MIRROR, AUTOMATIC TRANSMISSION
 FRONT AIR DAM, REAR AIR DAM, TRIP COMPUTER, SIDE AIRBAGS, ANTI-THEFT SYSTEM
 SIDE HEAD CURTAIN AIRBAGS, DAYTIME RUNNING LIGHTS, AM/FM STEREO CD/MP3 PLAYER
 FRONT BUCKET SEATS, INTERIOR AIR FILTER, POWER LIFTGATE/TRUNK
 STEERING WHEEL AUDIO CONTROLS

Vehicle Production Date: 11/08
 Drive Train: 1.8L Inj 4 Cyl 4A FWD
 License: 6GPB250 CA
 Search Code: C93245

*****SPECIAL PARTS NOTICE:ALL CRASH PARTS ON THIS ESTIMATE
 ARENEW-OEM(ORIGINAL EQUIPMENT MANUFACTURED)UNLESS
 OTHERWISESPECIFIED.PARTS DESCRIBED AS RECROMED,RECORED, OR
 REMANUFACTURED AREEITHER RECONDITIONED OR REBUILT. PARTS THAT ARE
 DESCRIBED AS QUALREPL PART,AND QRP CAPA,ARE NON-OEM CRASH PARTS.***

***PURSUANT TO CALIFORNIA CODE OF REGULATIONS, TITLE 10, CHAPTER 5,
 SUBCHAPTER 7.5, SECTION 2695.8, THE INSURER WARRANTS THAT ANY
 NON-ORIGINAL EQUIPMENT MANUFACTURER PARTS SPECIFIED IN THIS ESTIMATE
 ARE AT LEAST EQUAL TO THE ORIGINAL EQUIPMENT MANUFACTURER PARTS IN
 TERMS OF KIND, QUALITY, SAFETY FIT AND PERFORMANCE.***

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units	CEG Unit
1	103273	REF	REFINISH	R Rear Lwr Spoiler			C 0.8	0.8
2	103274	REF	REFINISH	L Rear Lwr Spoiler			C 0.8	0.8
3	AUTO	BDY	OVERHAUL	Rear Bumper Cover Assy			1.3	1.3
4	100828	BDY	REMOVE/REPLACE	Rear Bumper Cover	52159-02964	266.73	INC	1.3T
5	AUTO	REF	REFINISH	Rear Bumper Cover			C 2.3	2.3
6	100836	BDY	REMOVE/REPLACE	R Rear Bumper Protector	76881-02040-B2	14.05	0.2 #	0.2T
7	100837	BDY	REMOVE/REPLACE	L Rear Bumper Protector	76882-02040-B2	14.05	0.2 #	0.2T

ESTIMATE RECALL NUMBER: 02/19/2014 15:35:28 17789

Mitchell Data Version: OEM: DEC_13_V
 MAPP:DEC_13_V

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Software Version: 7.1.162

						Preliminary			
						Profile ID:	Jones Collision		
8	936012		ADD'L COST	HAZARDOUS WASTE DISPOSAL			3.00 *		
9	936014		ADD'L COST	FLEX ADDITIVE			8.00 *		T
10	AUTO	REF	ADD'L OPR	Clear Coat				1.2*	
11	933003	REF	ADD'L OPR	TINT COLOR				1.0*	
12	AUTO		ADD'L COST	Paint			195.20 *		T

* - Judgment Item
 # - Labor Note Applies
 C - Included in Clear Coat Calc

Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount
Body	1.7	60.00	0.00	0.00	102.00	Taxable Parts	294.83
Refinish	6.1	60.00	0.00	0.00	366.00	Sales Tax @ 7.500%	22.11
Non-Taxable Labor					468.00	Total Replacement Parts Amount	316.94
Labor Summary	7.8				468.00		
III. Additional Costs					Amount	IV. Adjustments	
Taxable Costs					203.20	Customer Responsibility	
Sales Tax @ 7.500%					15.24		
Non-Taxable Costs					3.00		
Total Additional Costs					221.44		
Paint Material Method: Rates							
Init Rate = 32.00 , Init Max Hours = 99.9, Addl Rate = 0.00							
						I. Total Labor:	468.00
						II. Total Replacement Parts:	316.94
						III. Total Additional Costs:	221.44
						Gross Total:	1,006.38
						IV. Total Adjustments:	0.00
						Net Total:	1,006.38

This is a preliminary estimate.

Additional changes to the estimate may be required for the actual repair.

THE ABOVE ESTIMATE IS BASED ON OUR INSPECTION AND DOES NOT COVER ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER THE WORK HAS STARTED. WORN OR DAMAGED PARTS, NOT EVIDENT ON FIRST INSPECTION, MAY BE DISCOVERED AND YOU WILL BE CONTACTED FOR AUTHORIZATION FOR ADDITIONAL WORK AND ANY PART PRICE INCREASES.

*NO PERSONAL CHECKS ACCEPTED OVER \$500.

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