
Butte County Mosquito and Vector Control District

POLICY MANUAL

POLICY TITLE: Claims Against the District
POLICY NUMBER: 2080

2080.1 The purpose of this policy is to provide direction to District staff for processing and resolving (if possible) account adjustment requests and property damage claims against the District. Inherent in this policy is the recognition that every adjustment request or claim will be unique, and that guidelines cannot be written to accommodate every case. Therefore, staff must use discretion and good sense in handling each claim. District staff and the Board of Trustees must abide by the claims procedures, rules, and regulations of the District's insurance carrier.

2080.2 Property (Land and Improvements) Damage Claims

In the course of the District's operations—surveillance and control for mosquitoes, surveillance and control of vector-borne disease, ticks, and other vectors—damage to land and improvements thereon occasionally occurs due to the proximity of the District's equipment to the private property. When District employees are aware that property has been damaged in the course of their work, restorative measures are to be taken to return the property as close to its original condition as possible.

When a property owner informs a District employee of damage to their property (by telephone, fax, email, or in person), the employee receiving the claim will document in writing the time and date, and a description of the stated circumstances and allegations. Employees should respond to questions, be cordial and respectful, but refrain from commenting on liability questions.

As soon as possible after information about the damage has been received, it shall be given to the District Manager. The District Manager, or his/her designee, shall investigate the property owner's allegations.

If the owner of damaged property informs a member of the Board of Trustees, the information will be given to the District Manager. Trustees should not independently investigate claims, but may go with staff to observe.

Investigations shall be done in a timely fashion and documented with a written report, including photographs and/or interviews, when appropriate. A copy of the report shall be submitted to the District Manager.

If the investigating staff person is convinced that the damage was caused by District personnel, equipment, or infrastructure, he/she shall prepare a work order to have the damage repaired, subject to the following conditions:

- (a) Property owner agrees that the proposed repairs are appropriate and adequate;
- (b) Property owner agrees to allow District personnel access to their property to perform the repair work;
- (c) District personnel have the necessary tools, equipment, and expertise to perform the necessary work;
- (e) Cost of material for the repairs will not exceed \$500.

If the cost of material for repairs is stated by claimant or estimated by staff to exceed \$500, the owner will be asked to submit their claim in writing on a District claim form [*attached hereto as Appendix A*].

The District Manager shall review the damage claim and the proposed repair work. If he/she determines that the damage is the District's responsibility and that the proposed repair work is appropriate, he/she may authorize the work if the cost of material for the repairs will not exceed \$500. A report shall be submitted to the Board of Trustees describing the damage claim, including a description of the manner in which it was resolved.

2080.3 Property (Vehicles and Unsecured Property) Damage Claims

All claims of damage to vehicles or other unsecured property shall be submitted to the District Manager. He/she shall review the damage claim and the requested restitution. If he/she determines that the damage is the District's responsibility, he/she may authorize repairs or reimbursement of expenses up to an amount not to exceed \$500. A report shall be submitted to the Board of Trustees describing the damage claim, including a description of the manner in which it was resolved.

The claim will be processed as described above if the cost of material for repairs is estimated to exceed \$500.

2080.4 Government Claims Act

Any claim for money or damages governed by the Government Claims Act (Government Code 810-996.6) shall be presented and acted upon in accordance with the Government Claims Act.

Upon receipt of a claim against the district pursuant to the Government Claims Act, the District Manager or designee shall promptly provide written notice to insurance.

Review of Contents of the Claim

The District Manager shall review any claim received to ensure that the claim contains all the following information as specified in Government Code 910 and 910.2.

California Government Code Section 910 specifies that a claim needs to show all of the following:

- (a) The name and post office address of the claimant.
- (b) The post office address to which the person presenting the claim desires notices to be sent.
- (c) The date, place, and other circumstances of the occurrence or transaction which gave rise to the claim asserted.
- (d) A general description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known as the time of presentation of the claim.
- (e) The name or names of the public employee or employees causing the injury, damage, or loss, if known.
- (f) 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.

Section 910.2 of the California Government Code specifies the following:

The claim shall be signed by the claimant or by some person on his behalf. Claims against local public entities for supplies, materials, equipment, or services need not be signed by the claimant or on his behalf if presented on a billhead or invoice regularly used in the conduct of the business of the claimant.

If the filed letter/claim does not meet the requirements of the California Government Code §910 and §910.2, then a Notice of Insufficiency shall be sent to the claimant informing them of this fact.

Action on Claims

In such case that the District Manager determines action need be taken before the next regular board meeting, the Board, in accordance with Government Code section 935.4, delegates to the District Manager the authority to reject the claim, return the claim, and/or issue a notice of insufficiency of claim.

Appendix A

Butte County Mosquito and Vector Control District
Claim Form - Form B



(Please Type or Print in Ink)

Claim Against _____
(Name of Entity)

Claimant's name: _____

Claimant's address: _____

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

The date, place, and other circumstances of the occurrence or transaction which gave rise to the claim asserted:

A general description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known as the time of presentation of the claim:

(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)?: _____

(Use back of this form or separate sheet if necessary to answer this question in detail.)

If the amount claimed 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, include 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, indicate whether the claim would be a limited civil case.

Signature: _____ Date Signed: _____

If signed by representative:

Representative's Name _____ Address: _____

Telephone #: _____

Relationship to Claimant: _____