



# FRESNO COUNTY FIRE

PROTECTION DISTRICT

*Honor, Integrity, Cooperation & Professionalism*

## MEMORANDUM

**Date:** 06/20/2018

**To:** Board Directors

**Attn:** Mike Del Puppo  
President

**From:** Fire District Staff

**Subject:** Claim, Allstate #0494114283

### BOARD OF DIRECTOR'S BRIEFING PAPER

#### ISSUE:

Staff is asking that the Board of Directors review and reject a recent claim for auto damage that has been presented to the District.

#### BACKGROUND:

On 03/05/2018, Engine 89 was involved in a traffic accident with a privately-owned vehicle.

#### DISCUSSION:

As part of the normal claims process, claims are brought to the Board of Directors for review and rejection of the claim. Once the claim is rejected by the Board of Director's, the claimant has only six (6) months to file a lawsuit. The rejection of the claim expedites the process and means that both sides are willing to fast track the claim and settle it before the six (6) month deadline.

#### ALTERNATIVES:

If the Board of Directors does not reject the claim, the time frame available for the claimant to file a lawsuit extends to two (2) years from six (6) months.

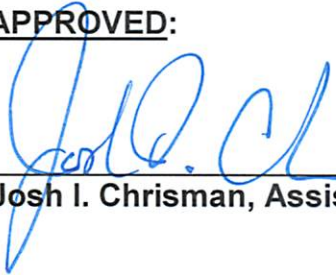
**IMPACTS** (Consider potential consequences related to each of the following areas of concern for proposed alternatives):


- Fiscal – There is no immediate financial impact to the District. The District's liability insurance will cover the incident and any claims brought against the District.
- Operational – No known impacts
- Legal – No known impacts
- Labor – No known impacts
- Sociopolitical – No known impacts
- Policy – No known impacts
- Health and safety – No known impacts
- Environmental – No known impacts
- Interagency – No known impacts

**RECOMMENDATION:**

Staff is recommending that the Board of Directors reject the claim against the District for the vehicle accident on 03/05/2018. That any Board Director make a motion to reject the claim presented and to direct the Chief or his designee to advise the District's liability insurance claims administrator of the rejection of the claim.

**APPROVED:**

  
\_\_\_\_\_  
Josh I. Chrisman, Assistant Chief

  
\_\_\_\_\_  
Date



# FRESNO COUNTY FIRE

PROTECTION DISTRICT

210 South Academy Avenue  
Sanger, California 93657  
Telephone: (559) 493-4300  
Fax: (559) 875-8473  
[www.fresnocountyfire.org](http://www.fresnocountyfire.org)

May 23, 2018

Dear Sheila Dennis:

This claim must be presented, as prescribed by Parts 3 and 4 of Division 3.6, of Title 3 of the Government Code of the State of California, by the claimant or by a person acting on his/her behalf and shall show:

A. The name and post office address of the claimant or representative:

Allstate Insurance aso Aliment Distribution Inc c/m 0494114283

P O BOX 211169 Roanoke, VA 24018

B. The post office address to which the person presenting the claim desires notices to be sent:

Above or [sheila.dennis@allstate.com](mailto:sheila.dennis@allstate.com)

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

March 5, 2018 10:43 AM SR41 SB 60 feet north of O Street Fresno

D. 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:

Property damage 200 Chev 1500

Your driver was passing our insured vehicle in traffic and struck our insured vehicle

E. The name(s) of the public employee(s) causing the injury, damage, or loss, if known:

Shannon Staggs driving Spartan Fire Truck plate E1317252

F. The amount claimed, as 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:

Allstate paid \$1447.70 and insured paid deductible of \$250.00 total \$1397.70

The claim shall be signed by the claimant or by some person on his or her behalf. A claim relating to a cause of action for death or for injury to the person or to personal property for damages shall be presented not later than six months after the accrual of the cause of action, and claims relating to any other causes or action not later than one (1) year after accrual of the cause of action.

May 24, 2018

Date

*Shirley Dennis Allstate*

Signature

NOTE: This form of claim is for your convenience only, and any other type of form may be used, if desired, so long as it satisfies the requirements of the Government Code. The use of this form is not intended in any way to advise you of your legal rights or to interpret any law. If you are in doubt regarding your legal rights or the interpretation of any law, we suggest you seek legal counseling of your choice.