

April 08,2024

Karen Minami
City of Del Rey Oaks

RE: Our Client: City of Del Rey Oaks
 GHC Claim #: GHC0070226
 Claimant: Norma Gamez
 Date of Loss: 02/12/2024

Dear Ms. Minami:

We have reviewed the above captioned claim and request that you take the action indicated below:

- **Reject claim based on Government Code 835 and to commence six month statute.**

Please provide us with a copy of the notice once sent.

Should you have any questions, please feel free to contact the undersigned.

Kindest Regards,
George Hills Company, Inc.

Shawna Bryant

Shawna Bryant
Claims Adjuster
Direct Dial: (916) 352-7799
Email: Shawna.bryant@georgehills.com



NOTICE OF CLAIM AGAINST THE CITY OF DEL REY OAKS, CALIFORNIA

Government Code §910,910.2

CLAIMANT INFORMATION			
Last Name:	First Name:	Phone No.:	
Gamez	Norma	831.402.8597	
Mailing Address:	City:	State:	Zip Code:
24700 Bit Rd	Monterey	CA	93940

FACT SURROUNDING CLAIM		
Date of Loss:	Time of Loss:	Location of Loss:
February 12, 2024	5:30pm	South Boundary Rd from Gen. Jim Moore

Description of incident/accident which caused you to make this claim:
On February 12, 2024 I was driving on General Jim Moore merging onto South Boundary Road my front right car tire hit a pothole on this road, which led to me getting a flat tire which was unable to get repaired as sidewall was damaged.
This road has multiple major potholes need to be repaired ASAP. Car tire replacement: \$500.00 towing truck \$100.00

What specific injury, damages or other losses did you incur?
Car tire replacement \$500.00 purchased from Lexus Dealer ship
Towing Truck: \$100.00
Total losses seeking reimbursement for: \$600.00

NAME OF INVOLVED PUBLIC EMPLOYEES		
Last Name:	First Name:	Job Description:
Last name:	First Name:	Job Description:

DAMAGES
What amount of money are you seeking to recover? (Check one of the boxes below):
The amount claimed totals less than \$10,000. Enter Amount claimed here: \$ <u>600.00</u>
The amount claimed is more than \$10,000 but not over \$25,000; jurisdiction rests in Municipal Court.
The amount claimed is more than \$25,000; jurisdiction rests in Superior Court.

NOTICE OF CLAIM AGAINST THE CITY OF
DEL REY OAKS, CALIFORNIA
Government Code §910,910.2

DAMAGES (cont.)

How was this amount calculated? (Itemize and attach bills, repair estimates, receipts, etc.; if claim is for vehicle damage, obtain and attach two (2) repair estimates):

Attached Pictures & Invoices

What is your basis for claiming that the City employee(s) are the cause of your injury, damages or loss?

I spoke to City of Seaside Dept. spoke to Marisela whom referred me to Monterey County.

The County denied my claim as stated this belongs to City of Del Rey Oaks. Intercare denied my claim.

WITNESSES

Name, address and phone number of any witness who can substantiate your claim:

Witness Name:

Witness Name:

Address

Address:

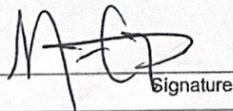
Phone No:

Phone No:

SIGNATURE

I/We, the undersigned, declare under penalty of perjury that I/We have read the forgoing 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.

Norma Gramez
Print Name


Signature

3/20/24
Date

WARNING: PRESENTATION FOR ALLOWANCE OR PAYMENT OF A FALSE OR FRADULENT CLAIM, WITH INTENT TO DEFRAUD, IS A CRIME PUNISHABLE AS A FELONY UNDER CALIFORNIA PENAL CODE, SECTION 72, AND INSURANCE CODE SECTION 1871.1.

intercare

Intercare Insurance Services, Inc.

PO Box 52810
Bellevue, WA 98015
Telephone (916)781-5536
Fax (425)748-8210
Email tmavroudis@intercareins.com

March 12, 2024

Norma Gamez
24700 Bit Rd
Monterey, CA 93940-6601

SENT VIA USPS FIRST CLASS MAIL & CERTIFIED MAIL RETURN RECEIPT REQUESTED:
7022 2410 0000 2425 7815

Re: Claim Number: 141725
Date of Incident: 02/12/2024

WRONG ENTITY - NOTICE OF REJECTION OF CLAIM

Dear Norma Gamez:

Intercare Insurance Services, Inc. is the Third-Party Claims Administrator for the County of Monterey. I am the Claims Adjuster assigned to this matter.

NOTICE IS HEREBY GIVEN, that the notice of Claim you presented to the Board of Supervisors of the County of Monterey on 03/04/2024 was rejected on 03/12/2024.

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 court action on this claim. See Government Code Section 945.6. The six-month time limit referred to in this notice applies only to claims or causes of action for which Government Code Sections 900 – 915.4 require you to present a claim. Other causes of action, including those arising under federal law, may have different time limitations.

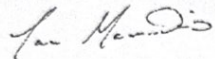
You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

As allowed by California Code of Civil Procedure Sections 128.5 and 1038, the County of Monterey may seek to recover all incurred costs and attorney fees from you and your attorney should you ultimately serve the County of Monterey with a lawsuit and it is later determined the suit was not brought in good faith or on reasonable grounds. If you feel you must name the County of Monterey in the lawsuit to protect yourself, we urge you not to serve the County of Monterey with a summons and complaint until you are certain there is a justiciable controversy with the County of Monterey

Claim No.: 141725
Page 2

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Respectfully,



Tasso Mavroudis, Claim Adjuster III
Tel. (916)781-5536, Fax (425)748-8210
Email tmavroudis@intercareins.com

Cc: Cecilia Merillana, GL Claims Manager, County of Monterey
Susan Blitch, Chief Assistant County Counsel



Claim: 141725

On Behalf of
MONTEREY COUNTY
RISK MANAGEMENT

DECLARATION OF SERVICE BY MAIL

I, MARIA NAJERA, DECLARE:

1. I AM OVER 18 YEARS OF AGE;
2. I AM EMPLOYED BY INTERCARE INSURANCE SERVICES, INC., FOR THE COUNTY OF MONTEREY, CALIFORNIA;
3. MY BUSINESS ADDRESS IS:
INTERCARE INSURANCE SERVICES, INC.
PO BOX 52810
BELLEVUE, WA 98015
4. I AM NOT A PARTY TO THE WITHIN-MENTIONED PROCEEDING;
5. I AM FAMILIAR WITH THE PRACTICE OF INTERCARE INSURANCE SERVICES, INC. FOR COLLECTION AND PROCESSING OF CORRESPONDENCE FOR MAILING WITH THE UNITED STATES POSTAL SERVICE. UNDER THAT PRACTICE, CORRESPONDENCE IS DEPOSITED WITH THE UNITED STATES POSTAL SERVICE THE SAME DAY IT IS SUBMITTED FOR MAILING;
6. ON MARCH 12, 2024, I SERVED THE WRONG ENTITY - NOTICE OF REJECTION OF CLAIM, A COPY OF WHICH IS ATTACHED HERETO, BY DEPOSITING THE SAME IN THE UNITED STATES MAIL AT ORANGE, CALIFORNIA, IN A SEALED ENVELOPE, POSTAGE FULLY PREPAID, AS FIRST-CLASS MAIL AND AS CERTIFIED MAIL RETURN RECEIPT REQUESTED, ADDRESSED AS FOLLOWS:

NORMA GAMEZ
24700 BIT RD
MONTEREY, CA 93940-6601

**SENT VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED & USPS FIRST CLASS MAIL
7022 2410 0000 2425 7815**

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT AND THAT THIS DECLARATION IS EXECUTED ON MARCH 12, 2024 AT ORANGE, CALIFORNIA.

Signature

Maria Najera



LEXUS

Monterey Peninsula

1721 DEL MONTE BLVD.
SEASIDE, CA 93955
831-393-3030

SERVICE AND PARTS HOURS
MON - FRI 7:30 A.M. - 6:30 P.M.
SATURDAY 8:00 A.M. - 5:00 P.M.
SUNDAY 8:00 A.M. - 5:00 P.M.

BAR#: ARD 296675 EPA# CAL000463589
CAL000451601

CUSTOMER NO. 36860	ADVISOR AUSTIN PERKINS	2050	TAG NO. 2303	INVOICE DATE 02/19/24	INVOICE NO. LECS43083
NORMA GAMEZ 24700 BIT RD MONTEREY, CA 93955 NORMAGAMEZ1989@GMAIL.COM	LABOR RATE	LICENSE NO.	MILEAGE 2,680	COLOR IRIDIUM/BLK	STOCK NO. 6833533
	YEAR / MAKE / MODEL 24/LEXUS/IS/4DR AWD F SPORT			DELIVERY DATE 12/16/23	DELIVERY MILES 12
	VEHICLE I.D. NO. J T H G Z 1 E 2 7 R 5 0 3 3 5 3 3			SELLING DEALER NO.	PRODUCTION DATE
	R.O. DATE 02/17/24		REPRINT# 1		
RESIDENCE PHONE 831-402-8597	BUSINESS PHONE	COMMENTS			
					MO: 2682

JOB# 1 CHARGES-----

LABOR-----
J# 1 22LEZ1TIRE M&B 1 TIRE TECH(S):36907 40.00
CUSTOMER REQUESTS MOUNT AND BALANCE 1 TIRE
GUEST HIT A POTHOLE AND DAMAGED PASSENGER SIDE FRONT TIRE.
DT00000221BS
TIRE DAMAGED, REQUIRES REPLACEMENT
COMPLETED REPLACEMENT OF PASSENGER FRONT TIRE
DOT EJV1 DHM 2023

PARTS-----QTY---FP-NUMBER-----DESCRIPTION-----UNIT PRICE-	
1 DT000-12817-BS OEA 235/40R19 BS 348.75	348.75
TOTAL - PARTS	348.75

MISC-----CODE-----DESCRIPTION-----CONTROL NO-----

5-TD TIRE DISPOSAL FEE	2.25
5-TT TIRE TAX CA	1.75
TOTAL - MISC	4.00

JOB# 1 TOTALS-----

LABOR	40.00
PARTS	348.75
MISC	4.00
JOB# 1 JOURNAL PREFIX LECS JOB# 1 TOTAL	392.75

JOB# 2 CHARGES-----

LABOR-----
J# 2 01LEZ000QINSP MULTI-POINT INSP TECH(S):36907 0.00
PERFORM LEXUS MONTEREY MULTI-POINT INSPECTION
TIRE PRESSURE SET AT
BRAKE LINING AT MM FRONT MM REAR
TIRE TREAD AT /32 FRONT AND /32 REAR
PERFORMED LEXUS MONTEREY PENINSULA MULTI-POINT INSPECTION
CHECKLIST. LEXUS MONTEREY PENINSULA RECOMMENDS REFERRING TO
YOUR OWNERS MANUAL FOR CHECKING FLUID LEVELS AND TOPPING OFF
FLUIDS BETWEEN SERVICE INTERVALS.

JOB# 2 TOTALS-----

JOB# 2 JOURNAL PREFIX LECS JOB# 2 TOTAL	0.00
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JOB# 3 CHARGES-----

LABOR-----
J# 3 01LEZFLOORMAT FLOORMAT TECH(S):2460 0.00
INSPECTION COMPLETED FLOOR MATS PLACED IN TRUNK IF INCORRECT
OR DOUBLE STACKED
FLOOR MAT INSPECTION PER LEXUS/TOYOTA GUIDE LINES
INSPECTION COMPLETED: FLOOR MATS PLACED IN TRUNK IF INCORRECT
OR DOUBLE STACKED.

JOB# 3 TOTALS-----

JOB# 3 JOURNAL PREFIX LECS JOB# 3 TOTAL	0.00
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Thank You for choosing Lexus Monterey Peninsula for your recent service visit. If you have any questions or comments, please give your Service Advisor a call, so that we may resolve any question that you might have.



LEXUS

Monterey Peninsula

1721 DEL MONTE BLVD.
SEASIDE, CA 93955
831-393-3030

SERVICE AND PARTS HOURS
MON - FRI 7:30 A.M. - 6:30 P.M.
SATURDAY 8:00 A.M. - 5:00 P.M.
SUNDAY 8:00 A.M. - 5:00 P.M.

BAR#: ARD 296675 EPA# CAL000463589
CAL000451601

CUSTOMER NO. 36860	ADVISOR AUSTIN PERKINS	2050	TAG NO. 2303	INVOICE DATE 02/19/24	INVOICE NO. LECS43083
NORMA GAMEZ 24700 BIT RD MONTEREY, CA 93955 NORMAGAMEZ1989@GMAIL.COM	LABOR RATE	LICENSE NO.	MILEAGE 2,680	COLOR IRIDIUM/BLK	STOCK NO. 6833533
	YEAR / MAKE / MODEL 24/LEXUS/IS/4DR AWD F SPORT			DELIVERY DATE 12/16/23	DELIVERY MILES 12
	VEHICLE I.D. NO. J T H G Z 1 E 2 7 R 5 0 3 3 5 3 3			SELLING DEALER NO.	PRODUCTION DATE
	R.O. DATE 02/17/24		REPRINT# 1		
RESIDENCE PHONE 831-402-8597	BUSINESS PHONE	COMMENTS			MO: 2682

JOB# 4 CHARGES-----

LABOR-----

J# 4 01LEZTIREPSI TIRE PRESSURE TECH(S):2460 0.00

SET-ADJUST TIRE PRESSURE ALL TIRES

SET TIRE PRESSURES ON ALL TIRES

SET-ADJUST TIRE PRESSURES ON ALL TIRES :

RT FRT:

LFT FRT:

RT RR:

LFT RR:

JOB# 4 TOTALS-----

JOB# 4 JOURNAL PREFIX LECS JOB# 4 TOTAL 0.00

ESTIMATE-----

CUSTOMER HEREBY ACKNOWLEDGES RECEIVING

ORIGINAL ESTIMATE OF \$440.00 (+TAX)

COMMENTS-----

LOANER

TOTALS-----

TOTAL LABOR....	40.00
TOTAL PARTS....	348.75
TOTAL SUBLET...	0.00
TOTAL G.O.G....	0.00
TOTAL MISC CHG.	4.00
TOTAL MISC DISC	0.00
TOTAL TAX.....	32.26
TOTAL INVOICE \$	425.01

Thank You for choosing Lexus Monterey Peninsula for your recent service visit. If you have any questions or comments, please give your Service Advisor a call, so that we may resolve any question that you might have.

THANK YOU FOR YOUR BUSINESS!! YOU MAY IN THE NEAR FUTURE BE CONTACTED BY YOUR VEHICLES MANUFACTURER REGARDING YOUR MOST RECENT SERVICE EXPERIENCE. IF YOU ARE UNABLE TO GRADE US EXCELLENT, PLEASE CALL OUR SERVICE DEPT. WE THANK YOU IN ADVANCE FOR THE RETURN OF THE SURVEY.

CUSTOMER SIGNATURE _____

***** DUPLICATE INVOICE *****



← Hwy 218 68
Monterey
Hwy 1 NORTH →







Hwy 168
← Monterey
Hwy 1 NORTH →