



April 24, 2025

Town of Truckee  
Attn: Administrative Services – Risk  
Management  
10183 Truckee Airport Road  
Truckee, CA 96161

RE: *Schools Insurance Group (Tahoe Truckee Unified) v. Town of Truckee*  
GHC Client: Tahoe Truckee Unified  
GHC Claim No.: GHCS0001674  
Date of Loss: March 17, 2025

George Hills Company is the claims administrator for the Tahoe Truckee Unified. Our investigation revealed that you and/or a vehicle owned by you were responsible for the accident that occurred on the date indicated above. The Tahoe Truckee Unified has provided our office with the invoice for the repair/replacement of damaged property that was required as a result of the accident. I have enclosed a billing in the amount of \$33,469.55, which represents the costs involved.

Please remit payment in the amount of \$33,469.55, **payable to George Hills Company A/S/O the Tahoe Truckee Unified**, and forward it to the address indicated below:

**Tahoe Truckee Unified  
George Hills Co Subrogation Client Trust  
P.O. Box 502194  
San Diego, CA 92150-2194**

If you have insurance, which may cover you for claims of this nature, it may be in your best interest to notify your insurance of this loss and provide them with the information necessary for them to resolve this claim on your behalf. If you do not have insurance, I look forward to receiving prompt payment in full.

Please be advised that no partial payment, which is less than the full amount claimed herein, will be considered in any way an acceptance of benefits, a novation, or an accord




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Page 2 of 2

and satisfaction of the claim without the express written release of this claim that has been executed by an authorized Tahoe Truckee Unified representative. Therefore, the Tahoe Truckee Unified's legal rights to enforce collection on the remaining amount of the claim shall not be waived or estopped due to a partial payment by you.

I look forward to receiving prompt payment in full. Please feel free to contact me via email at [khristine.melton@georgehills.com](mailto:khristine.melton@georgehills.com) or via telephone at 661-383-1469 if you have any questions.

George Hills Company, Inc.

  
Khristine Melton, Sr. Subrogation Specialist  
Claims Administrator – Tahoe Truckee Unified

Encl.

## CLAIM FOR DAMAGES AGAINST THE TOWN OF TRUCKEE

The undersigned hereby presents the following claim against the Town of Truckee in accordance with the provisions of Government Code Section 910. (Please print)

1. NAME OF CLAIMANT: Tahoe Truckee Unified  
MAILING ADDRESS: P.O. Box 278, Rancho Cordova, CA 95741  
  
TELEPHONES: (W) (661)383-1469 (H)
2. MAILING ADDRESS TO WHICH NOTICES FROM THE TOWN ARE TO BE DIRECTED:  
P.O. Box 278, Rancho Cordova, CA 95741
3. DATE OF INCIDENT: 03/17/2025 TIME OF INCIDENT: 1:12 AM  
LOCATION OF INCIDENT: Donner Pass Road & Bridge Street
4. DESCRIPTION OF ALLEGED INCIDENT/ACCIDENT, INCLUDING YOUR REASONS FOR BELIEVING THAT THE TOWN IS LIABLE FOR YOUR DAMAGES: The Tahoe Truckee Unified school bus was slowing down to stop at a railroad crossing and was rear-ended by a Town of Truckee snow blower.
5. DESCRIPTION OF ALL DAMAGES YOU BELIEVE YOU HAVE INCURRED AS A RESULT OF THE INCIDENT: Damage to the rear of the school bus, loss of use and administrative costs.
6. NAME(S) OF ANY PUBLIC EMPLOYEE(S) CAUSING THE INJURY, DAMAGE OR LOSS YOU ARE CLAIMING: Casey Kregoski
7. DOLLAR AMOUNT OF ALL DAMAGES CLAIMED (**PHOTOS, ESTIMATES (minimum Of two) & REPAIR BILLS MUST BE ATTACHED**); \$ 33,469.55
8. IF THIS IS A CLAIM FOR INDEMNITY, ON WHAT DATE WERE YOU SERVED WITH THE UNDERLYING LAWSUIT?

Kristine Melton  
(Signature of Claimant)

April 24, 2025

(Date)

Kristine Melton on behalf of Tahoe Truckee Unified  
(Printed Name of Claimant)



**PROPERTY DAMAGE RECOVERY FORM**

To: GHC Subrogation Unit  
 From: Schools Insurance Group  
 Supervisor: \_\_\_\_\_

GHC Adjuster: Kristine Melton  
 GHC Adjuster Phone Number: (661) 383-1469  
 GHC Claim Number: GHCS0001674

Individual(s) or Company responsible for damage/loss:  
Casey Kregoski AND  
Town of Truckee  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Loss: 3/17/2025  
 Report No.: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Miscellaneous: Equipment  
 \_\_\_\_\_

**8,100.00**

Purpose of Billing: COST RECOVERY

**Labor: Employee Time:**

Date	Employee Name (Last, First Initial <u>only</u> )	No. of Hrs	Rate (Inc. Ben.)	Amount
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00

**Materials/Outside Services: For Repairs or Services Utilized**

**TOTAL LABOR \$0.00**

Code /Date	Description (Supplier, Stores/PO No., Materials - also include special notations, if any)	Qty.	Rate	Amount
	Silver State International	1.00	\$17,645.81	\$17,645.81
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00

**TOTAL MATERIALS/OUTSIDE SERVICES \$17,645.81**

**Equipment: Loss of Use or Use of Other Vehicles/Equipment:**

Date	Vehicle/Equipment No. (also include special notations, if any)	# of Hrs./Days	Rate	Amount
	AF	1.00	\$7,723.74	\$7,723.74
	Loss of Use	18.00	\$450.00	\$8,100.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00

**TOTAL EQUIPMENT \$15,823.74**

Labor	\$	
Materials/Services	\$	17,645.81
Equipment	\$	15,823.74
Grand Total:	\$	33,469.55