

GCSD POLICY

POLICY TITLE: CLAIMS AGAINST THE DISTRICT

POLICY NUMBER: 106

ADOPTED: October 11, 2010

AMENDED: December 11, 2018, RESOLUTION: 41-18

AMENDED: APRIL 11, 2023, RESOLUTION

106.1 PURPOSE

The Groveland Community Services District (District) is a political subdivision of the State of California and thus subject to the Government Claims Act located in Government Code Sections 810 et. Seq. This policy provides the procedures for the District to follow from when an accident occurs, to receipt of a claim and through the District's reply.

106.2 WHEN AN ACCIDENT OR INCIDENT OCCURS

When an accident or incident occurs, employees shall:

1. Only discuss details of the accident/incident with his/her supervisor, the police, the District's insurance provider and District Legal Counsel.

Not assign or admit any responsibility or liability for any actions or on behalf of the District or make any related promises.

106.3 INQUIRIES REGARDING HOW TO FILE A CLAIM

During or immediately following an accident or incident, employees may be approached regarding the possibility of filing a claim against the District. All submissions of a claim must be made in writing. Employees are to offer two ways to make a claim if someone believes the District is responsible for their injury or loss; by submitting a District Claim Form or by letter from the Claimant as detailed below.

106.4 HOW TO FILE A CLAIM (one of the two following methods must be followed):

1. Claimant may submit a claim using a completed District Claim Form (attached). NOTE: Form may also be used by District Employees for accidents or injuries.
2. The person wishing to submit a claim ("Claimant") can send a letter addressed to the District that includes the same information contained in the District Claim Form.

106.5 PROCESSING A SUBMITTED WRITTEN CLAIM

When accepting a claim letter or form, employees are not to: comment on or evaluate the information provided; agree to or promise anything (except that the District will investigate their claim and they will be notified); or speculate on the possible outcome. The employee accepting the claim letter or form shall write the day's date, their own name, and submit it to the General Manager's office the same day.

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Once a claim letter or form is received, and depending on the situation, the District may respond to the claimant with a letter stating that the District has received the claim and that the District is investigating it.

106.6 GATHERING INFORMATION

Claims will be investigated by assigned District staff, in conjunction with the District's Risk Administrator, the General Manager, and/or the District's Legal Counsel. Information to be collected may include, but is not limited to: Accident/Incident Reports; photographs; observations; District records and reports; police reports; and, written statements from witnesses and other relevant parties.

106.7 FORWARDING POTENTIAL CLAIM INFORMATION

Assigned staff will forward any accident or incident information to the District's insurance provider and the District's Legal Counsel. This should be done as soon as possible.

106.8 DETERMINING THE COURSE OF ACTION

The General Manager, in consultation with the District's insurance provider and/or the District's Legal Counsel, may determine the course of action, on claims of \$50,000 or less. For claims over \$50,000, the Board of Directors, in consultation with the General Manager, the District's Legal Counsel, and the District's insurance provider, may determine the course of action during a closed session Board Meeting.

After the initial investigation of a claim, the claim may be:

1. Accepted, by the General Manager if the claim is \$50,000 or less or by the Board of Directors for claims of more than \$50,000
2. Deemed denied by operation of law after 45 days
3. Denied by the General Manager if the claim is \$50,000 or less or by the Board of Directors for claims greater than \$50,000
4. Submitted to the District's insurance provider or Legal Counsel for further discussions and resolution of the matter with the claimant

106.9 NOTIFYING THE CLAIMANT

The claimant, or a party representing the claimant, will be notified in writing by the General Manager if a claim is denied or "deemed denied", via the U.S. Postal Service. If a claim is accepted, the District's insurance provider or their Third Party Administrator will contact the claimant and negotiate a settlement.

106.10 THIRD PARTY REPRESENTATION OF THE CLAIMANT

All Claimants who are represented by a third-party (e.g. an attorney) must provide an authorization letter indicating that the third party is authorized to represent the claimant and that the third-party is authorized to act on behalf of claimant and receive information related to the claim. No information should be provided to any third party without an authorization letter from the claimant.

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106.11 TIME FOR FILING CLAIMS

CLAIMS FOR DEATH, INJURY TO PERSON OR TO PERSONAL PROPERTY MUST BE FILED NOT LATER THAN 6 MONTHS AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)

ALL OTHER CLAIMS FOR DAMAGES MUST BE FILED NOT LATER THAN ONE YEAR AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)

If a claim is determined to have been filed after the deadline to file a claim, the General Manager shall contact promptly District Legal Counsel for instructions for how to respond to the Claimant.