



# **Valley of the Moon Fire Protection District**



## **Board of Directors Meeting**

**October 13, 2015**



# Valley of the Moon Fire Protection District

## Board of Directors Meeting

October 13, 2015

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**MEETING AGENDA**  
**VALLEY OF THE MOON FIRE PROTECTION DISTRICT**  
**BOARD OF DIRECTORS**

Tuesday, October 13, 2015 at 6:00 P.M.  
Location: Sonoma Valley Fire & Rescue Authority Station #1  
630 2<sup>nd</sup> Street West, Sonoma, California 95476

(This agenda is posted in accordance with the Ralph M. Brown Act,  
California Government Code Section 54950, et seq.)

1. CALL TO ORDER

2. ROLL CALL & DETERMINATION OF A QUORUM

Board of Directors: President Norton, Director Brunton, Director Greben, and Director Brady.  
Director Leen is excused.

3. PLEDGE OF ALLEGIANCE

4. CONFIRMATION OF AGENDA

Opportunity for the Board to reorder agenda items

5. COMMENTS FROM THE PUBLIC

*(At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for consideration by the Board of Directors.)*

6. PRESENTATIONS

7. CONSENT CALENDAR

Approval of minutes for meeting of September 8, 2015. **Action Item**

8. FIRE CHIEF'S MONTHLY REPORT

Chief's activity report for September 2015

9. OLD BUSINESS

10. NEW BUSINESS

- a) Accept or reject claim for money or damages against the District from Bruce W. Jones.  
**Action item**
- b) Discussion on Board benefits

11. OTHER BUSINESS TO COME BEFORE THE BOARD

There will be an SCFDA meeting on Thursday, October 29<sup>th</sup> hosted by the Monte Rio FPD at the Monte Rio Community Center. Please RSVP to Georgette by Monday, October 26<sup>th</sup>.

12. COMMENTS FROM THE FLOOR

13. COMMENTS FROM THE BOARD

14. CLOSED SESSION

Personnel Matter

54957. (b)

Closed session to consider the appointment, employment, evaluation of performance, discipline, or dismissal of a public employee or to hear complaints or charges brought against the employee by another person or employee unless the employee requests a public session.

15. ADJOURNMENT

This meeting will be adjourned to a regular meeting on November 10, 2015 at 6:00 P.M. in the Training Room of Sonoma Valley Fire & Rescue Authority Station 1, located at 630 2<sup>nd</sup> Street West, Sonoma.

*Copies of all staff reports and documents subject to disclosure that relate to any item of business referred to on the agenda are available for public inspection the Monday before each regularly scheduled meeting during regular business hours, 8:00 a.m. to 5:00 p.m. Monday through Friday, at Sonoma Valley Fire & Rescue Authority's Station 1, located at 630 2<sup>nd</sup> Street West, Sonoma, California.*

*Any documents subject to disclosure that are provided to all, or a majority of all, of the members of the Board of Directors regarding any item on this agenda after the agenda has been distributed will be made available for inspection at the location listed above during regular business hours. If you challenge the action of the Board in court, you may be limited to raising only those issues you or someone else raised at the public hearing described on the agenda, or in written correspondence delivered to the Valley of the Moon Fire Protection District Board of Directors, at or prior to the public hearing.*

*In accordance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the secretary for the Board at (707) 996-2102. Notification 48 hours before the meeting will enable the Valley of the Moon Fire Protection District to make reasonable arrangements to ensure accessibility to this meeting.*



# Valley of the Moon Fire Protection District

## Board of Directors Meeting

### Agenda Item Summary

October 13, 2015



<b>Agenda Item No.</b>		<b>Staff Contact</b>	
7		Georgette Darcy, Admin. Analyst/Secretary to Board	
<b>Agenda Item Title</b>			
Approval of minutes for regular meeting of September 8, 2015			
<b>Recommended Actions</b>			
Approve the minutes			
<b>Executive Summary</b>			
The minutes have been prepared for Board review and approval.			
<b>Alternative Actions</b>			
Correct or amend minutes prior to approval			
<b>Strategic Plan Alignment</b>			
Not applicable			
<b>Fiscal Summary – FY 15/16</b>			
<b>Expenditures</b>		<b>Funding Source(s)</b>	
Budgeted Amount	\$	District General Fund	\$
Add. Appropriations Req'd.		Fees/Other	\$
	\$	Use of Fund Balance	\$
	\$	Contingencies	\$
		Grants	\$
<b>Total Expenditure</b>	<b>\$</b>	<b>Total Sources</b>	<b>\$</b>
<b>Narrative Explanation of Fiscal Impacts (if required)</b>			
Not required			
<b>Attachments</b>			
Minutes for September 8, 2015 regular meeting			

# VALLEY OF THE MOON FIRE PROTECTION DISTRICT

## REGULAR BOARD OF DIRECTORS MEETING MINUTES

September 8, 2015

1. CALL TO ORDER

President Brunton called the meeting to order at 6:00 p.m.

2. ROLL CALL & DETERMINATION OF A QUORUM

Board of Directors: President Brunton, Director Norton, Director Brady, and Director Leen.  
Director Greben was excused.

3. PLEDGE OF ALLEGIANCE

Director Leen led the Pledge of Allegiance.

4. CONFIRMATION OF AGENDA

There were no changes to the agenda.

5. COMMENTS FROM THE PUBLIC

A public hearing was held for the purpose of adopting a Final Budget. No members of the public were in attendance, and the hearing did not take place.

6. PRESENTATIONS

None

7. CONSENT CALENDAR

Approval of minutes for regular meeting of August 11, 2015

**M/S/P Norton/Leen to approve minutes for August 11, 2015. Passed 4 ayes**

8. FIRE CHIEFS' MONTHLY REPORT

Fire Chief Freeman gave his activity report for August 2015.

9. OLD BUSINESS

None

10. NEW BUSINESS

a) Resolution 2015/2016-05 adopting the final District budget for fiscal year 2015/16

**M/S/P Norton/Brady to adopt the final District budget for fiscal year 2015/16. Passed 4 ayes**

b) Election of Board officers

The Board nominated and voted on officers as follows:

- Bill Norton, President
- Ray Brunton, Vice President
- Brian Brady, Clerk

**M/S/P Leen/Brady to elect Board officers. Passed 4 ayes**

11. OTHER BUSINESS TO COME BEFORE THE BOARD

None

12. COMMENTS FROM THE FLOOR

None

13. COMMENTS FROM THE BOARD

- a) Director Brady suggested that the District pursue early succession planning for the Fire Chief position as recommended at the FDAC conference.
- b) Director Leen requested information on LAFCO. Director Brunton explained the functions of LAFCO and its relationship with county districts.

14. CLOSED SESSION

None

15. ADJOURNMENT

The meeting was adjourned at 6:35 p.m. to a regular meeting on October 13, 2015 at 6:00 p.m. in the Training Room at Station 1, located at 630 2<sup>nd</sup> Street West, Sonoma.

Respectfully submitted,

Georgette Darcy

\_\_\_\_\_  
President Norton

\_\_\_\_\_  
Director Brunton

\_\_\_\_\_  
Director Greben

\_\_\_\_\_  
Director Brady

\_\_\_\_\_  
Director Leen



# Valley of the Moon Fire Protection District

## Board of Directors Meeting

### Agenda Item Summary

October 13, 2015



<b>Agenda Item No.</b>		<b>Staff Contact</b>	
10A		John Franceschi, Battalion Chief	
<b>Agenda Item Title</b>			
Accept or reject claim for money or damages against the District from Bruce W. Jones			
<b>Recommended Actions</b>			
Reject claim to allow the District's insurance company to negotiate with the claimant.			
<b>Executive Summary</b>			
The District has received a claim for money or damages from Bruce W. Jones, whose vehicle was involved in an accident with Medic 303 on September 6, 2015. Mr. Jones filed a claim with the District on September 21, 2015, within the required six-month reporting period from the date of the incident. The Board has forty-five (45) days from the date the claim was filed to accept or reject it.			
<b>Alternative Actions</b>			
Accept the claim			
<b>Strategic Plan Alignment</b>			
Not applicable			
<b>Fiscal Summary – FY 15/16</b>			
<b>Expenditures</b>		<b>Funding Source(s)</b>	
Budgeted Amount	\$	District General Fund	\$
Add. Appropriations Req'd.	\$	Fees/Other	\$
	\$	Use of Fund Balance	\$
		Contingencies	\$
		Grants	\$
<b>Total Expenditure</b>	<b>\$</b>	<b>Total Sources</b>	<b>\$</b>
<b>Narrative Explanation of Fiscal Impacts (if required)</b>			
Not required			
<b>Attachments</b>			
Claim for money or damages from Bruce W. Jones			



**CLAIM FOR MONEY OR DAMAGES AGAINST:**


Date **September 21, 2015**  
Claimant Name **Bruce W. Jones**  
Claimant Address **54 Bridge Road**  
City, St. 12345 **Ross, CA 94957-0404**

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 behalf and shall show:

- A. The name and post office address of the claimant or representative:  
**Bruce W. Jones**  
**PO Box 404**  
**Ross CA 94957**
- B. The post office address to which the person presenting the claim desires notices to be sent:  
**Same as above**
- C. The **date, place and circumstances** of the occurrence or **transaction** which gave rise to the claim asserted:  
**See attached CHP Traffic Collision Report: Collision on Sir Francis Drake Blvd. near La Cuesta Dr. at 17:05 hours September 6, 2015**
- 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:  
**See attached Property Damage Appraisers Report dated 9/17/2015 for auto damage in the amount of \$6,835.79, plus the cost of a rental car for approximately 8 days (\$1,200.00).**
- E. The name(s) of the public employee(s) causing the injury, damage, or loss, if known:  
**Roger Allen Wheeler**
- 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:  
**Same as D above.**

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 of action not later than one (1) year after accrual of the cause of action.

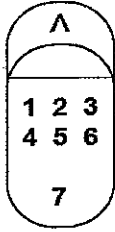
Sept 21, 2015  
Date

  
Claimant or Representative

SPECIAL CONDITIONS ON-DUTY EMERGENCY VEHICLE		NUMBER INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY UNINCORPORATED		JUDICIAL DISTRICT MARIN SUPERIOR		LOCAL REPORT NUMBER 9350-2015-0241				
		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY MARIN		REPORTING DISTRICT 024		DAY OF WEEK SUNDAY	TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
LOCATION	COLLISION OCCURRED ON: SIR FRANCIS DRAKE BLVD. W/B					MO 09/06/2015	DAY 09/06/2015	YEAR 2015	TIME (2400) 1705	NCIC # 9350	OFFICER I.D. 019798	
	MILEPOST INFORMATION:				GPS COORDINATES LATITUDE 37.56796° LONGITUDE - 122.31345°				PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE			
	AT INTERSECTION WITH: <input checked="" type="checkbox"/> OR: 300 FEET EAST OF LA CUESTA DR.					STATE HWY REL. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
PARTY 1						VEH. YEAR 2013	MAKE / MODEL / COLOR FORD E-350 RED		LICENSE NUMBER 1406561	STATE CA		
DRIVER <input checked="" type="checkbox"/>						OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER VALLEY THE MOON FIRE, PROTECTION DISTRICT I						
PEDES- TRIAN <input type="checkbox"/>						OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER 630 2ND ST. WEST SONOMA CA 95476						
PARKED VEHICLE <input type="checkbox"/>						DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER						
BICY- CLIST <input type="checkbox"/>						DRIVEN FROM SCENE						
OTHER <input type="checkbox"/>						PRIOR MECH. DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE						
					VEHICLE IDENTIFICATION NUMBER: 1FDXE4FS7DDA19459							
INSURANCE CARRIER SONOMA COUNTY					POLICY NUMBER		VEHICLE TYPE 41		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA DP/VAV	
DIR OF TRAVEL W		ON STREET OR HIGHWAY SIR FRANCIS DRAKE BLVD			SPEED LIMIT 35		CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____			
PARTY 2												
DRIVER <input checked="" type="checkbox"/>												
PEDES- TRIAN <input type="checkbox"/>												
PARKED VEHICLE <input type="checkbox"/>												
BICY- CLIST <input type="checkbox"/>												
OTHER <input type="checkbox"/>												
					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER							
					DRIVEN FROM SCENE							
					PRIOR MECHANICAL DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE							
					VEHICLE IDENTIFICATION NUMBER:							
					VEHICLE TYPE 07		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA DP/VAV			
DIR OF TRAVEL W		ON STREET OR HIGHWAY SIR FRANCIS DRAKE BLVD			SPEED LIMIT 35		CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____			
PARTY 3	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.		VEH. YEAR	MAKE / MODEL / COLOR		LICENSE NUMBER	STATE
DRIVER <input type="checkbox"/>	NAME(FIRST, MIDDLE, LAST)											
PEDES- TRIAN <input type="checkbox"/>	STREET ADDRESS											
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP											
BICY- CLIST <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO	BIRTHDATE DAY	YEAR	RACE			
OTHER <input type="checkbox"/>	HOME PHONE				BUSINESS PHONE				VEHICLE IDENTIFICATION NUMBER:			
INSURANCE CARRIER					POLICY NUMBER		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA	
DIR OF TRAVEL		ON STREET OR HIGHWAY			SPEED LIMIT		CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MC/MX _____			
PREPARER'S NAME ALEXANDER TORRES 019798					DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		REVIEWER'S NAME MARY C. ZIEGENBEIN 017450				DATE REVIEWED 09/12/2015	

DATE OF COLLISION (MO. DAY YEAR) <b>09/06/2015</b>	TIME(2400) <b>1705</b>	NCIC # <b>9350</b>	OFFICER I.D. <b>019798</b>	NUMBER <b>9350-2015-0241</b>
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<b>PROPERTY DAMAGE</b>	OWNER'S NAME	OWNER ADDRESS	NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
	DESCRIPTION OF DAMAGE		

<b>SEATING POSITION</b> 	<b>SAFETY EQUIPMENT</b> <b>OCCUPANTS</b> A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED P - NOT REQUIRED	<b>CHILD RESTRAINT</b> Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE  <b>M / C BICYCLE HELMET</b> DRIVER: V - NO, W - YES PASSENGER: X - NO, Y - YES	<b>AIR BAG</b> B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED  <b>EJECTED FROM VEHICLE</b> 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	<b>INATTENTION CODES</b> A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (\*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
1 B OTHER IMPROPER DRIVING* UNSAFE LANE CHANGE	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE	X	X		B PROCEEDING STRAIGHT
	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
C OTHER THAN DRIVER*	D NO CONTROLS PRESENT / FACTOR*	X	X		D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
D UNKNOWN*	<b>TYPE OF COLLISION</b>				E SCHOOL BUS RELATED				E MAKING LEFT TURN
	A HEAD - ON				F 75 FT MOTOR TRUCK COMBO				F MAKING U TURN
	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
	C REAR END				H SAFETY ZONE T/C PER HPM ...				H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE				I				I PASSING OTHER VEHICLE
X A CLEAR	E HIT OBJECT				J				J CHANGING LANES
B CLOUDY	F OVERTURNED				K				K PARKING MANEUVER
C RAINING	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC
D SNOWING	H OTHER*:				M				M OTHER UNSAFE TURNING
E FOG / VISIBILITY FT.					N				N XING INTO OPPOSING LANE
F OTHER*:	<b>MOTOR VEHICLE INVOLVED WITH</b>				O				O PARKED
G WIND	A NON - COLLISION								P MERGING
<b>LIGHTING</b>	B PEDESTRIAN								Q TRAVELING WRONG WAY
X A DAYLIGHT	C OTHER MOTOR VEHICLE				<b>OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)</b>				R OTHER*:
B DUSK - DAWN	D MOTOR VEHICLE ON OTHER ROADWAY	1	2	3					
C DARK - STREET LIGHTS	E PARKED MOTOR VEHICLE				A VC SECTION VIOLATED: CITED: <input type="checkbox"/> YES <input type="checkbox"/> NO				
D DARK - NO STREET LIGHTS	F TRAIN				B VC SECTION VIOLATED: CITED: <input type="checkbox"/> YES <input type="checkbox"/> NO				
E DARK - STREET LIGHTS NOT FUNCTIONING*	G BICYCLE				C VC SECTION VIOLATED: CITED: <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>ROADWAY SURFACE</b>	H ANIMAL:								<b>SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)</b>
X A DRY	X I FIXED OBJECT: METAL GUARDRAIL				D			X X	A HAD NOT BEEN DRINKING
B WET	J OTHER OBJECT:				E VISION OBSCUREMENT:				B HBD - UNDER INFLUENCE
C SNOWY - ICY					F INATTENTION*:				C HBD - NOT UNDER INFLUENCE*
D SLIPPERY (MUDDY, OILY, ETC.)					G STOP & GO TRAFFIC				D HBD - IMPAIRMENT UNKNOWN*
<b>ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)</b>	<b>PEDESTRIAN'S ACTIONS</b>				H ENTERING / LEAVING RAMP				E UNDER DRUG INFLUENCE*
A HOLES, DEEP RUT*	X A NO PEDESTRIANS INVOLVED				I PREVIOUS COLLISION				F IMPAIRMENT - PHYSICAL*
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK - AT INTERSECTION				J UNFAMILIAR WITH ROAD				G IMPAIRMENT NOT KNOWN
C OBSTRUCTION ON ROADWAY*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				K DEFECTIVE VEH. EQUIP.: CITED: <input type="checkbox"/> YES <input type="checkbox"/> NO				H NOT APPLICABLE
D CONSTRUCTION - REPAIR ZONE	D CROSSING - NOT IN CROSSWALK				L UNINVOLVED VEHICLE				I SLEEPY / FATIGUED*
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDES SHOULDER				M OTHER*:				
F FLOODED*	F NOT IN ROAD				N NONE APPARENT				
G OTHER*:	G APPROACHING / LEAVING SCHOOL BUS				O RUNAWAY VEHICLE				
X H NO UNUSUAL CONDITIONS									

SKETCH FOR SKETCH DIAGRAM, SEE PAGE 4

○  
INDICATE NORTH

MISCELLANEOUS



**INJURED / WITNESSES / PASSENGERS\*\***  
CHP 555 CARS PAGE 3 (REV 04-11) OPI 065

DATE OF COLLISION (MO. DAY YEAR) 09/06/2015				TIME(2400) 1705		NCIC # 9350		OFFICER I.D. 019798					NUMBER 9350-2015-02141				
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	FED.	BICYCLIST	OTHER					
<input type="checkbox"/> #	<input checked="" type="checkbox"/>	31	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	7	F	P	0
(INJURED ONLY) TRANSPORTED BY:				TAKEN TO:													
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input checked="" type="checkbox"/>	71	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	7	P	F	0
(INJURED ONLY) TRANSPORTED BY:				TAKEN TO:													
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS												TELEPHONE					
(INJURED ONLY) TRANSPORTED BY:				TAKEN TO:													
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS												TELEPHONE					
(INJURED ONLY) TRANSPORTED BY:				TAKEN TO:													
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS												TELEPHONE					
(INJURED ONLY) TRANSPORTED BY:				TAKEN TO:													
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
PREPARER'S NAME ALEXANDER TORRES				I.D. NUMBER 019798		MO. DAY YEAR 09/06/2015		REVIEWER'S NAME MARY C. ZIEGENBEIN 017450					MO. DAY YEAR 09/12/2015				

AN INTERNATIONALLY ACCREDITED AGENCY

STATE OF CALIFORNIA  
**SKETCH DIAGRAM**

CHP 555 Page 4 (Rev. 04-11) OPI 060

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DATE OF INCIDENT 09/06/2015	TIME 1705	NCIC NUMBER 9350	OFFICER I.D. 019798	NUMBER 9350-2015-0241
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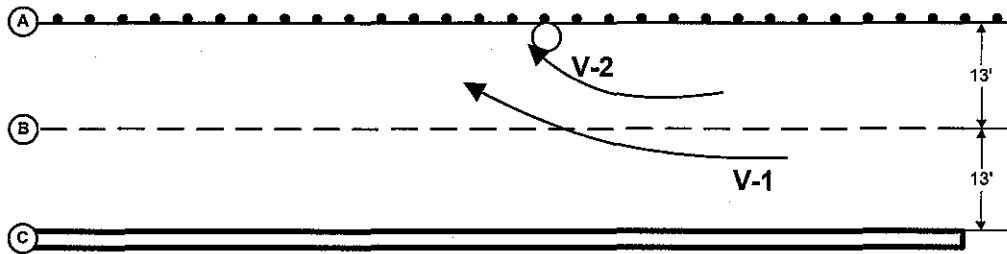
ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE= )

Not to  
Scale

**Sir Francis Drake Blvd.**



← La Cuesta Dr.



- Legend:**  
**A: Metal Guardrail**  
**B: Painted Broken White Lines**  
**C: Raised Concrete Curb**

PREPARED BY ALEXANDER TORRES	I.D. NUMBER 019798	DATE 09/06/2015	REVIEWER'S NAME	DATE
---------------------------------	-----------------------	--------------------	-----------------	------



DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
09/06/2015	1705	9350	019798	9350-2015-0241

1 **Facts:**

2

3 **Notification:**

4 On 09/06/2015, at approximately 1715 hours, I monitored a call of a property damage only traffic  
5 collision on Sir Francis Drake Blvd., east of La Cuesta Dr. After the collision, the involved parties  
6 drove to the Marin General Hospital emergency room parking lot. I responded from a traffic stop  
7 eastbound SR-37, east of US-101, and arrived at their location at approximately 1745 hours.

8

9 All times, speeds, and measurements are approximate. Measurements were obtained by foot  
10 pace.

11

12 **Scene:**

13 This collision occurred on Sir Francis Drake Blvd., east of La Cuesta Dr. in an unincorporated area  
14 of Marin County. At this location, Sir Francis Drake Blvd. is an east-west aligned, asphalt paved,  
15 county of Marin maintained roadway. There are two 13-foot lanes for westbound traffic. The  
16 lanes are delineated by painted broken white lines. The lanes are bordered on the south by a  
17 raised concrete island. The lanes are bordered on the north by a concrete curb and metal  
18 guardrail. The posted speed limit of this portion of Sir Francis Drake Blvd. is 35 MPH. This  
19 collision occurred during daylight hours and the roadway was dry. See Factual Diagram for  
20 further details.

21

22 **Parties:**

23 **Party #1** was located in the Marin General Hospital parking lot. Party #1 was positively  
24 identified by his valid California driver license. Based on Party #1's admission to being the driver  
25 of Vehicle #1 and Party #2 identifying Party #1 as the driver of Vehicle #1, I formed the opinion  
26 Party #1 was the driver of Vehicle #1 at the time of the collision.

27

28 **Vehicle #1 (Ford)** was located in the Marin General Hospital parking lot, upon its wheels, facing in  
29 a northerly direction. Vehicle #1 did not sustain any damage as a result of this traffic collision. No  
30 prior mechanical defects were noted or claimed.

31

32 **Party #2** was located in the Marin General Hospital parking lot. Party #2 was positively  
33 identified by his valid California driver license. Based on Party #2's admission of being the driver  
34 of Vehicle #2 and Party #1 identifying Party #2 as the driver of Vehicle #2, I formed the opinion  
35 Party #2 was the driver of Vehicle #2 at the time of the collision.

36

37 **Vehicle #2 (Mercedes)** was located in the Marin General Hospital parking lot, upon its wheels,  
38 facing in a westerly direction. The damage Vehicle #2 sustained as a result of this traffic  
39 consisted of but not limited to; scrapes to the right side fender and quarter-panel. No prior  
40 mechanical defects were noted or claimed.

41

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
ALEXANDER TORRES	019798	09/06/2015		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
09/06/2015	1705	9350	019798	9350-2015-0241

**1 Physical Evidence:**

2 The Physical Evidence in this traffic collision consisted of the damage sustained by Vehicle #2.

**4 Statements:**

5 Party #1 was contacted in the Marin General Hospital parking lot and in essence related the  
6 following information:

7 Party #1 was driving Vehicle #1 westbound on Sir Francis Drake Blvd., east of La Cuesta Dr., in  
8 the #1 lane at 25-30 MPH. Traffic in the #1 lane suddenly came to a stop and Party #1 glanced in  
9 his side view mirror and it appeared to him that the #2 lane was clear. He quickly changed lanes  
10 from the #1 lane into the #2 lane. He immediately heard the sound of a car horn coming from  
11 behind Vehicle #1. Party #1 assumed he had inadvertently cut-off another vehicle, but did not  
12 think a collision had occurred. As he continued westbound Party #2 pulled along the side of  
13 Vehicle #1 and began signaling Party #1 to pull over. Since he was transporting a patient to the  
14 hospital, Party #1 continued to the hospital while the other party followed. He contacted Party #2  
15 in the Marin General Hospital parking lot and after taking the patient to the emergency room came  
16 back out and waited for CHP to arrive on scene.

17  
18 Party #2 was contacted in the Marin General Hospital parking lot and in essence related the  
19 following information:

20 Party #2 was driving Vehicle #2 westbound on Sir Francis Drake Blvd., east of La Cuesta Dr., at  
21 25-30 MPH. An ambulance in the #1 quickly changed lanes into the #2 lane in front of Vehicle #2.  
22 Party #2 had to brake and swerve to the right in order to avoid colliding with the ambulance.  
23 Because he was forced to the right, the right side of Vehicle #2 collided with the metal guardrail  
24 along the north roadway edge of Sir Francis Drake Blvd. After the collision, Party #2 followed the  
25 ambulance to Marin General Hospital, where he contacted Party #1 and waited for CHP arrival.

**28 Opinion and Conclusion:****30 Summary:**

31 This traffic collision occurred on westbound Sir Francis Drake Blvd., east of La Cuesta Dr.

32 Party #2 was driving Vehicle #2, in the #2 lane at 30 MPH.

33 Party #1 was driving Vehicle #1, in the #1 lane at 30 MPH, just ahead of Vehicle #2.

34 Traffic in the #1 lane came to a stop and Party #1 quickly changed lanes into the #2 lane. Due to  
35 Party #1's unsafe lane change, Party #2 was forced to take evasive action, braking and swerving  
36 to the right, in order to avoid colliding with Vehicle #1. As a result of his evasive action the right  
37 side of Vehicle #2 collided with metal guardrail along the north roadway edge of Sir Francis Drake  
38 Blvd.

39  
40 After the collision, both parties drove to the Marin General Hospital parking lot where they waited  
41 for CHP arrival.

42

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
ALEXANDER TORRES	019798	09/06/2015		



DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
09/06/2015	1705	9350	019798	9350-2015-0241

1 **Area Of Impact (AOI):**

2 The AOI (Vehicle #2 vs. Metal Guardrail) was located approximately 300 feet east of the east  
3 roadway edge prolongation of La Cuesta Dr., and at the north roadway edge of Sir Francis Drake  
4 Blvd.

5  
6 **Cause:**  
7 **Party #1** caused this collision by making an unsafe lane change in **Vehicle #1 (Ford)**.

8  
9 The Summary, Area Of Impact, and Cause were determined by the statements of the involved  
10 parties and the Physical Evidence.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
ALEXANDER TORRES	019798	09/06/2015		



Date: 9/17/2015 01:52 AM  
 Estimate ID: 1375090051  
 Estimate Version: 0  
 Committed  
 Profile ID: \* Mitchell

## PROPERTY DAMAGE APPRAISERS

SAN FRANCISCO 204 E 2ND AVE 730, SAN MATEO CA, CA 94401  
 (925) 648-3276  
 Fax: (925) 648-3278

**THIS IS NOT AN AUTHORIZATION FOR REPAIR. YOU MUST CONFIRM COVERAGE AND PAYMENT WITH THE FILE ADJUSTER. CHANGES MIGHT BE MADE TO THIS APPRAISAL, AFTER REVIEW BY THE INSURANCE COMPANY".**

Damage Assessed By: KENNETH GRIFFIN

Appraised For: Sharon Unruh  
 (888) 477-3007

Classification: Field

Condition Code: Good  
 Contact Date: 9/23/2015  
 Deductible: 0.00  
 File Number: 1375090051  
 Claim Number: CACM21509044700002

Type of Loss: Collision

Claimant:  
 Address:  
 Owner:  
 Address:  
 Telephone:

Mitchell Service: 910758

Description:  
 Body Style:  
 VIN:  
 Mileage:  
 OEM/ALT:  
 Color:  
 Options:

CD CHANGER, PASSENGER AIRBAG, POWER DRIVER SEAT, POWER LOCK, POWER WINDOW  
 POWER STEERING, REAR WINDOW DEFOGGER, AIR CONDITIONING, REAR WINDOW WIPER  
 CRUISE CONTROL, AM/FM STEREO, DRIVER AIRBAG, HEATED EXTERIOR MIRROR  
 REAR (DUAL-ZONE) AC, POWER PASSENGER SEAT  
 FRONT SIDE AIRBAG WITH HEAD PROTECTION, SKID PLATES, ANTI-LOCK BRAKE SYS.  
 TRACTION CONTROL, FOG LIGHTS, ALUM/ALLOY WHEELS, POWER LIFTGATE/TRUNK  
 TIRE INFLATION/PRESSURE MONITOR, ANTI-THEFT SYSTEM, AUXILIARY INPUT  
 BLUETOOTH WIRELESS CONNECTIVITY, LEATHER STEERING WHEEL, CD PLAYER  
 POWER ADJUSTABLE EXTERIOR MIRROR, SUNROOF/MOONROOF, PRIVACY GLASS  
 GENUINE WOOD TRIM, AUTO AIR CONDITION, TRIP COMPUTER, FIRST ROW BUCKET SEAT  
 TELEMATIC SYSTEMS, UNIVERSAL GARAGE DOOR OPENER, THIRD ROW SEAT, ALL WHEEL DRIVE  
 SIDE AIRBAGS, AUTOMATIC HEADLIGHTS, SECOND ROW SIDE AIRBAG WITH HEAD PROTECTION  
 MP3 PLAYER, DAYTIME RUNNING LIGHTS, ADAPTIVE VARIABLE SUSPENSION, AIR SUSPENSION  
 DRIVER SEAT WITH POWER LUMBAR SUPPORT, ELECTRONIC STABILITY CONTROL  
 FRONT HEATED SEATS, KEYLESS ENTRY SYSTEM, PANORAMIC SUNROOF/MOONROOF  
 RAIN SENSING WIPERS, REAR BENCH SEAT, STEERING WHEEL AUDIO CONTROLS

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
<u>Front Bumper</u>							
1	001995	BDY	OVERHAUL	Frt Bumper Cover Assy			4.2
2	003588	BDY	REPAIR	Frt Bumper Cover	Existing		1.0*
3		REF	REFINISH	Frt Bumper Cover			C 2.6
4	000037	BDY	REMOVE/REPLACE	R Frt Bumper Rivet 2@2.20	201 990 02 92	4.40	INC
5	000038	BDY	REMOVE/REPLACE	L Frt Bumper Rivet 2@2.20	201 990 02 92	4.40	INC
<u>Front Lamps</u>							
6	002001	BDY	REMOVE/INSTALL	R Front Combination Lamp			0.4 #
7		BDY	REMOVE/INSTALL	Frt Bumper Assy			INC
<u>Front Fender</u>							

ESTIMATE RECALL NUMBER: 09/17/2015 01:52:03 1375090051

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Software Version: 7.1.180

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Date: 9/17/2015 01:52 AM  
 Estimate ID: 1375090051  
 Estimate Version: 0  
 Committed  
 Profile ID: \* Mitchell

8	000283	BDY	REPAIR	R Fender Panel	Existing		1.0*#
9		REF	REFINISH	R Fender Outside			C 2.2
10	000295	BDY	REMOVE/INSTALL	R Fender Front Liner	Existing		0.2 r
11	000299	BDY	REMOVE/INSTALL	R Fender Rear Liner	Existing		0.2 r
12	000301	BDY	REMOVE/REPLACE	R Fender Rivet 7@2.00	124 990 04 92	14.00	
				<u>Rocker/Pillars/Floor</u>			
13	002182	REF	REFINISH	R Roof Rail			C 1.6
14	002045	BDY	REMOVE/INSTALL	R Rocker Moulding			1.0
15	002212	BDY	REMOVE/INSTALL	R Side Step			1.0
				<u>Front Door</u>			
16	003578	BDY	REPAIR	R Frt Door Shell	Existing		1.0*#
17		REF	REFINISH	R Frt Door Outside			C 2.5
18	002063	BDY	REMOVE/INSTALL	R Frt Door Applique			0.3
19	002065	BDY	REMOVE/INSTALL	R Frt Otr Belt Moulding			0.8 #
20	002214	BDY	REMOVE/INSTALL	R Frt Door Mirror			INC
21	002189	BDY	REMOVE/INSTALL	R Frt Door Moulding			INC
22	003085	BDY	REMOVE/REPLACE	R Frt Door Moulding	164 690 52 62 9999	155.00	0.3
23	002093	BDY	REMOVE/INSTALL	R Frt Otr Door Handle			0.3
24	001206	BDY	REMOVE/INSTALL	R Frt Door Weatherstrip	Existing		0.6 r
				<u>Rear Door</u>			
25	003698	BDY	REPAIR	R Rear Door Shell	Existing		1.0*#
26		REF	REFINISH	R Rear Door Outside			C 2.5
27	002191	BDY	REMOVE/INSTALL	R Rear Door Applique			0.3
28	002193	BDY	REMOVE/INSTALL	R Rear Otr Belt Moulding			0.3
29	002195	BDY	REMOVE/INSTALL	R Rear Door Moulding			INC
30	002801	BDY	REMOVE/REPLACE	R Rear Door Moulding	164 690 28 62 9999	100.00	0.3
31	002061	BDY	REMOVE/INSTALL	R Rear Otr Door Handle			0.3
32	001445	BDY	REMOVE/INSTALL	R Rear Door Weatherstrip	Existing		0.6 r
				<u>Roof</u>			
33	002096	BDY	REMOVE/INSTALL	R Roof Moulding			0.3
34	002256	BDY	REMOVE/INSTALL	R Roof Luggage Rack Side Rail			0.3 #
35	002098	BDY	REMOVE/INSTALL	Roof Headliner			6.0 #
				<u>Quarter Panel</u>			
36	004705	BDY	REPAIR	R Quarter Outer Panel Assy	Existing		1.0*#
37		REF	REFINISH	R Quarter Panel Outside			C 2.1
38	001628	BDY	REMOVE/INSTALL	R Quarter Skirt Panel	Existing		0.4 r
39	001630	BDY	REMOVE/REPLACE	R Quarter Liner 10@2.00	124 990 04 92	20.00	
40	002149	BDY	REMOVE/INSTALL	R Quarter Mud Flap			0.2
				<u>Quarter Glass</u>			
41	002151	GLS	REMOVE/INSTALL	R Quarter Glass			2.6
42	002258	BDY	REMOVE/INSTALL	R Quarter Glass Moulding			0.2
				<u>Rear Lamps</u>			
43	002169	BDY	REMOVE/INSTALL	R Rear Combination Lamp			0.4
				<u>Rear Bumper</u>			
44	002176	BDY	OVERHAUL	Rear Bumper Cover Assy			3.6
45	002178	BDY	REMOVE/REPLACE	Rear Add w/Parking Sensor			0.7 #
46	002179	BDY	REMOVE/REPLACE	Rear Add w/Trailer Hitch			0.8
47	004989	BDY	REPAIR	Rear Uptr Bumper Cover	Existing		0.7*#
48		REF	REFINISH	Rear Uptr Bumper Cover			C 2.2
49	001925	BDY	REMOVE/REPLACE	R Rear Bumper Support	164 885 06 14	87.00	INC #
50		BDY	REMOVE/INSTALL	Rear Bumper Assy			INC
51	001929	BDY	REMOVE/REPLACE	R Rear Bumper Rivet 2@1.20	000 990 34 92	2.40	INC
52	001930	BDY	REMOVE/REPLACE	L Rear Bumper Rivet 2@1.20	000 990 34 92	2.40	INC
				<u>Additional Costs &amp; Materials</u>			
53	936014		ADD'L COST	Flex Additive			7.00 *
				<u>ADDITIONAL OPERATIONS</u>			
54		REF	ADD'L OPR	Clear Coat			3.7
55	933003	REF	ADD'L OPR	Tint Color			0.5*
56	933017	REF	ADD'L OPR	Finish Sand And Buff			3.0*
57	933018	REF	ADD'L OPR	Mask For Overspray			5.00 * 0.1*
				<u>Additional Costs &amp; Materials</u>			
58			ADD'L COST	Paint/Materials		895.50 *	
59			ADD'L COST	Hazardous Waste Disposal		3.00 *	

ESTIMATE RECALL NUMBER: 09/17/2015 01:52:03 1375090051

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Software Version:

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\* - Judgment Item  
 # - Labor Note Applies  
 C - Included in Clear Coat Calc  
 r - CEG R&R Time Used For This Labor Operation

### Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount
Body	29.7	98.00	0.00	0.00	2,910.60	Taxable Parts	389.60
Refinish	23.0	98.00	5.00	0.00	2,259.00	Sales Tax @ 9.000%	35.06
Glass	2.6	98.00	0.00	0.00	254.80		
Non-Taxable Labor					5,424.40	<b>Total Replacement Parts Amount</b>	<b>424.66</b>
<b>Labor Summary</b>	<b>55.3</b>				<b>5,424.40</b>		
III. Additional Costs					Amount	IV. Adjustments	Amount
Taxable Costs					902.50	Insurance Deductible	0.00
Sales Tax @ 9.000%					81.23	Customer Responsibility	0.00
Non-Taxable Costs					3.00		
<b>Total Additional Costs</b>					<b>986.73</b>		
Paint Material Method: Rates Init Rate = 45.00 , Init Max Hours = 99.9, Addl Rate = 0.00							
					I. Total Labor:		5,424.40
					II. Total Replacement Parts:		424.66
					III. Total Additional Costs:		986.73
					Gross Total:		6,835.79
					IV. Total Adjustments:		0.00
					Net Total:		6,835.79

Point(s) of Impact

0 Unknown (P)

Insurance Co: GLATFELTER CLAIMS MANAGEMENT  
 Address: 10100 TRINITY PKWY STE 110  
 STOCKTON, CA 95219  
 Work Phone: (888) 477-3007

Inspection Site: Claimant choice repair shop - Classic Auto Craft  
 Address: 555 Irwin Street  
 San Rafael, CA 94901  
 (415) 459-1246  
 Inspection Date: 9/16/2015

Body Shop: CLASSIC AUTO CRAFT  
 Address: 555 IRWIN ST  
 SAN RAFAEL, CA 94901  
 Telephone: (415) 459-1246

**THIS IS NOT A REPAIR AUTHORIZATION NO SUPPLEMENTS WITHOUT PRIOR**

ESTIMATE RECALL NUMBER: 09/17/2015 01:52:03 1375090051  
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# Sonoma County Fire Districts Association

## MEETING ANNOUNCEMENT

Thursday, October 29, 2015

Place: Monte Rio Community Center  
20488 Bohemian Highway  
Monte Rio, CA

When: Thursday, October 29, 2015  
Social Hour 6pm  
Dinner/Meeting 7pm

Program: Efren Carrillo, Sonoma County Supervisor, District 5

Dinner Menu: Prime Rib  
Mushrooms  
Beans  
Green Salad  
Dessert

Cost: \$35.00 per person

Payable to: **Please make checks payable to:**  
**Sonoma County Fire Districts Association**

Hosted by: Monte Rio Fire Protection District

Meal Prepared: Monte Rio Fire Board Director Emil Alberigi and crew

RSVP: Please RSVP to:



Jennifer Crayne [jcrayne@bbfpd.org](mailto:jcrayne@bbfpd.org) or call  
(707) 875-3700

**Deadline to RSVP is Monday, October 26, 2015**

**PLEASE NO LAST MINUTE RESERVATIONS**