



County of Siskiyou

Laura Bynum, County Clerk-Registrar of Voters
311 Fourth Street, Room 201
Yreka, CA 96097

January 18, 2024

The George Hills Company
Claims Manager
randy.rendig@georgehills.com
patti.schneiders@georgehills.com

RE: Claim Against the County – Saul Guadalupe Aguirre Gonzalez

Claim Number: 24-05

Dear Mr. Rendig,

The enclosed Claim against the County of Siskiyou was received in the Siskiyou County Clerk's Office on January 18, 2024 via email from David F. Makkabi with the Makkabi Law Group.

Sincerely,
LAURA BYNUM, County Clerk

By: Wendy Winingham, Deputy County Clerk

cc: County Counsel
Sheriff
CAO
Risk Management
File

20 days: 2/6/2024 from the letter date of 1/17/24
45 days: 3/2/2024 from the letter date of 1/17/24



9454 WILSHIRE BOULEVARD, SUITE 900
BEVERLY HILLS, CALIFORNIA 90212
TELEPHONE (310) 887-8000
FACSIMILE (310) 887-8001
INFO@MAKKABILAW.COM

January 17, 2024

Sent Via E-mail to: laurac@sisqvotes.org

Sent Via Next-day FedEx

Clerk of the Board
County of Siskiyou
311 Fourth Street, Room 201
Yreka, CA 96097

RECEIVED

JAN 18 2024

SISKIYOU COUNTY
CLERK'S OFFICE

RE: Our Client(s) : Saul Guadalupe Aguirre Gonsalez
Location : US-97 & Yellow Butte Road - County of Siskiyou, CA
Date of Loss : 07/12/2023

Dear Clerk of the Board of the County of Siskiyou:

This office has been retained to represent the above named individuals for damages sustained as a result of the above loss. Enclosed herewith, please find a copy of the Claim for Damages form and Application for Late Claim in connection with the above-mentioned loss. Kindly provide this office an acknowledgement letter.

I look forward to working with you to resolve this matter on behalf of our respective clients.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

MAKKABI LAW GROUP, APC

David F. Makkabi
Attorney at Law

DFM/dg
Enclosure

1 David F. Makkabi, SBN 249825
2 Karla Ruiz, SBN 259598
3 MAKKABI LAW GROUP, APC
4 9454 Wilshire Boulevard, Suite 900
5 Beverly Hills, California 90212
6 Tel. (310) 887-8000
7 Fax (310) 887-8001
8 info@makkabilaw.com

9 Attorneys for Claimant,
10 Saul Guadalupe Aguirre Gonsalez

11 In the Matter of the Claim of SAUL
12 GUADALUPE AGUIRRE GONSALEZ
13 against
14 COUNTY OF SISKIYOU.

15 **APPLICATION FOR PERMISSION TO
16 PRESENT LATE CLAIM PURSUANT TO
17 [GOV.C. § 911.4]**

18 TO CLERK OF THE BOARD OF THE COUNTY OF SISKIYOU:

19 SAUL GUADALUPE AGUIRRE GONSALEZ hereby applies to the County of Siskiyou for
20 leave to present a claim against the County of Siskiyou, pursuant to Section 911.4 of the California
21 Government Code SAUL GUADALUPE AGUIRRE GONSALEZ as set forth in his proposed claim
22 attached to this application, accrued on July, 12 2024, a period within one year from the filing of this
23 application.

24 SAUL GUADALUPE AGUIRRE GONSALEZ's reason for the brief delay in submitting the
25 claim against the County of Siskiyou stems from an unfortunate but understandable attorney oversight
26 within our firm. Specifically, a clerical error led to a mere five (5) day delay in calendaring the
27 government claim's due date. It's important to emphasize that this was a simple yet honest mistake,
28 falling squarely within the bounds of reasonable error, inadvertence, surprise, and/or excusable neglect.
Moreover, it's crucial to note that this short delay has not resulted in any prejudice to the County of
Siskiyou. Given these circumstances, we respectfully request understanding and consideration in this
matter. Relief should be granted when, as here, the failure to file a timely claim was due to mistake,

**APPLICATION FOR PERMISSION TO PRESENT LATE CLAIM PURSUANT TO [GOV.C.
§ 911.4]**

1 inadvertence, disability, and/or excusable neglect. (Gov. Code § 946.6(c)(2); and Gov. Code §
2 946.6(c)(1); see also *Viles v. California* (1967) 66 Cal.2d 24, 30-31).

3 All notices and communications concerning this claim should be sent David Makkabi, Esq.
4 Makkabi Law Group, APC located at 9454 Wilshire Boulevard, Suite 900, Beverly Hills, California
5 90212.


6
7 WHEREFORE, claimant asks that you grant this application, deem the attached claim to have
8 been presented on your receipt of this application, and act on the claim as required by Government
9 Code section 911.6.

10
11 DATED: January 17, 2024

12 MAKKABI LAW GROUP, APC

13 

14
15 _____
16 DAVID F. MAKKABI
17 KARLA RUIZ
18 Attorneys for Claimant Saul
19 Guadalupe Aguirre Gonsalez

<p>File Claim With: Clerk of the Board County of Siskiyou 311 Fourth Street, Room 201 Yreka, CA 96097</p>	 <p>Claim for Money or Damages Against the County of Siskiyou</p>	<p>Received Stamp RECEIVED JAN 18 2024 SISKIYOU COUNTY CLERK'S OFFICE</p>
<p>County Claim Number: <u>24-05</u></p>		

A claim must be presented to a public agency, as required by the Government Code of the State of California, Section 910. Before completing this form, please read the attached instructions. You must complete each section of this form or your claim may be returned to you as insufficient.

If additional space is needed to provide your information, please attach sheets, identifying the paragraph(s) being answered. For questions concerning this form or the information requested, please contact the Clerk of the Board's office at (530) 842-8084.

1. **Name and Address of the Claimant:**
 Name of Claimant: Saul Guadalupe Aguirre Gonzalez Date of Birth: [REDACTED]
 Address: [REDACTED] Home Phone: NA
 Address 2: [REDACTED] Cell Phone: [REDACTED]
 Email Address: [REDACTED]

2. **Address to which the person presenting the claim desires notices to be sent if different from above:**
 Name of Addressee: Makkabi Law Group, APC Telephone: (310) 887-8000
 Address: 9454 Wilshire Boulevard, Suite 900
 Address 2: Beverly Hills, CA 90212 Relationship: Attorney

3. **The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted.**
 Date of Occurrence: 07/12/2023 Time of Occurrence: 11:02 p.m
 Location: US-97 & Yellow Butte Road - County of Siskiyou, CA

Circumstances giving rise to this claim:
 On 07-12-2023, our client was traveling southbound on US-97 when a County of Siskiyou Sheriff's 2016 Ford Explorer driven by Justin William Anderson activated its emergency lights to conduct a traffic stop. Our client pulled over to the right-hand shoulder & then immediately felt an impact to his vehicle. The County vehicle had attempted to move to the right-hand shoulder by conducting an unsafe turning movement without reasonable safety & collided with a Kenworth semi-truck. The County vehicle then collided with our client's 2014 Chevy Silverado. See attached Traffic Collision Report for further details.

4. General description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of the presentation of the claim. What specific damage or injury are you claiming?

The force of the collision caused our client to suffer headaches, pain to his right ear, neck & back.

5. The name or names of the public employee or employees causing the injury, damage, or loss, if known.

Justin William Anderson

6. Was the Sheriff's Department or other law enforcement agency contacted? If yes, please provide a report number and name of agency.

Yes No Report Number: 9146-2023-00138 Agency: California Highway Patrol

7. Names and addresses of all witnesses, hospitals, doctors, or other individuals having knowledge relevant to the claim:

Jeffrey Lee Crooks, Justin William Anderson, Sky Lakes Medical Center, The Merrill Clinic, Shahrouz Dadfarin, M.D., and Donald S. Bowes, D.C.

8. If auto accident, please complete the following:

Claimant's Vehicle License Number: 41881T1 Year/Make/Model: 2014 Chevy Silverado
County Vehicle License Number: 1471955 Year/Make/Model: 2016 Ford Explorer
County Department: Sheriff's Department

9. If amount claimed totals less than \$10,000: The amount claimed, if less than ten thousand dollars (\$10,000) as of 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.

Amount claimed and basis for computation (include receipts, estimates or other documents:
This will be a limited civil case.

If amount claimed exceeds \$10,000: If the amount claimed exceeds ten thousand dollars (\$10,000), no dollar amount shall be included in the claim. However, it shall indicate whether the claim would be a limited civil case. A limited civil case is one where the recovery sought, exclusive of attorney fees, interest and court costs does not exceed \$25,000. An unlimited civil case is one in which the recovery sought is more than \$25,000. (See CCP § 86.)

Limited Civil Case Unlimited Civil Case

10. Are you receiving Medicare or will you be receiving Medicare in the next three years:

Yes No

Warning: Presentation of a false claim is a felony (Penal Code §72). Pursuant to CCP §1038, the City/Agency may seek to recover all costs of defense in the event an action is filed which is later determined not to have been brought in good faith and with reasonable cause. I declare under penalty of perjury that the foregoing is true and correct. Please sign below.

Signature:  Date: 01-17-2024

Send Claim Forms To:

Clerk of the Board
County of Siskiyou
311 Fourth Street, Room 102
Yreka, CA 96097
(530) 842-8084

See Claim Form Instructions on the next page.



Claim Form Instructions

For questions concerning this form or the information requested, please contact the Clerk of the Board at (530) 842-8084 or laura@sisvotes.org

Why Must A Claim Be Filed?

The State Legislature enacted Government Code Section 910, et al.; which provides legal guidelines for resolving disputes involving public funds. These guidelines exist for both the public and the public agency. Some of those legal guidelines are:

- a) Claims for death, injury to person, or to personal property must be filed not later than six months after the occurrence. See Government Code Section 911.2.
- b) Claims for damages to real property must be filed not later than 1 year after the occurrence. See Government Code Section 911.2.
- c) When a claim that is required by Section 911.2 to be presented not later than six months is not presented within such time, a written Application for Leave to Present a Late Claim, along with a copy of the proposed claim, must be filed. See Government Code Section 911.4.

Instructions for Filing a Claim Against the County of Siskiyou

1. To ensure processing of your claim, complete each item on the liability claim form.
2. Once your claim is received, it will be forwarded to the County's Third-Party Administrator, George Hills, for review.
3. You will be contacted within 10 days.
4. Once the investigation of your claim has been completed, you will be notified in writing with regard to the merits of your claim. In order for the County to utilize public funds for payment on any claim, there first must be an evaluation of liability.
5. Presentation of a false claim is a felony (Penal Code §72). Pursuant to CCP §§128.5 and 1038, the County may seek to recover costs of defense in the event an action is filed that is later determined not to have been brought in good faith and with reasonable cause.
6. The W-9 on Page 3 of the document is an IRS requirement and **MUST be completed and returned with the claim form.**

Completing the Claim Form

Please type or print clearly with a ballpoint pen all of the information requested. The following provides specific instructions for completing each section of the claim form.

1. **Name, address and date of birth** – State full name, address, phone numbers, email address, and date of birth of the person(s) claiming damage or injury.
2. **Address and telephone numbers** – If there is a different address to which notices from the City are to be directed, please also note that address. Provide home and business telephone numbers, e-mail address, etc., to better enable us to contact you.
3. **Date, place and circumstances of occurrence** – State the exact month, day, year, and approximate time of the incident, which caused the alleged damage/injury. State exactly where the incident occurred

and include a diagram or photos of the location of the incident. State the specific circumstances so that we will understand what happened, when it happened, and where the incident occurred.

4. **General description of damage/injury** – Provide specific information regarding the damage or injury you are claiming. Explain why the County would be responsible.
5. **Name(s) of public employee(s) causing injury/damage/loss (if known)** – Provide name(s) of public employee(s).
6. **Was a law enforcement agency contacted?** – Note if the Police Department or any other law enforcement agency were contacted regarding the incident please note the report number, if known.
7. **Names and addresses of all witnesses** – Provide the names of hospitals, doctors, or other individuals having knowledge relevant to the claim.
8. **If auto accident, please complete the following** – If you were involved in an auto accident with a County vehicle, please provide your vehicle license number along with the year, make, model, and number of miles of your vehicle as well as the County's vehicle license number (if known) and the year, make and model of the County vehicle (if known). Also, please provide a list of names, address and phone numbers of any passengers in the vehicle at the time of the accident.
9. **If amount claimed totals less or more than \$10,000** – State the total amount you are claiming as a result of the alleged damage/injury. If damage/injury is continuing or anticipated in the future, indicate with a "+" following the dollar figure. If the total amount is unspecified or exceeds \$10,000, designate the appropriate court jurisdiction for the claim.
10. **Signature** – The claim must be signed by the claimant or by attorney/representative of the claimant. The Clerk of the Board will not accept the claim without proper signature. Government code§910.2 provides: "The claim shall be signed by the claimant or by some person on his or her behalf." If you are claiming personal injuries, you may be asked to later sign an authorization to release your medical records to the County.
11. Mail the completed and signed claim form to the Clerk of the Board, County of Siskiyou, 311 Fourth Street, Room 201, Yreka, CA 96097.