



Town of Discovery Bay

Program Area: Board	Policy Name: Claims Policy and Procedure	Policy Number: 027
Date Established: September 6, 2017	Date Amended:	Resolution: 2017-17

ARTICLE I

NAME

This policy shall be known as the Town of Discovery Bay Community Services District (“District”) Claims Policy and Procedure.

ARTICLE II

POLICY BACKGROUND AND APPROPRIATE RESPONSES

The District is self-insured as part of a cooperative insurance group, the Special District Risk Management Authority (“SDRMA”). This insurance is for liability only and the District does not carry any form of medical insurance for members of the public, including participants in District services, programs and activities.

A. When an accident or incident occurs, employees should:

1. Stay calm and assist any injured or upset individuals;
2. Contact emergency personnel if appropriate (do not transport injured parties in a District or personal vehicle);
3. Collect information by taking photographs, writing down observations, the names of involved parties, license plate numbers, witness information, police report numbers, and so on;
4. Only discuss details of the accident/incident with his/her supervisor, the police, SDRMA or SDRMA’s 3rd Party Administrator and District Legal Counsel.

B. At no time are employees to assign or admit any responsibility or liability for any actions or on behalf of the District. Employees may not make promises to anyone, except that the situation will be investigated by the District. Statements NOT to make include:

1. “It was my/our fault.”
2. “I knew this was going to happen.”
3. “The District will take care of everything.”

- C. It is appropriate to express concern and sympathy, but not to the extent it comes across as accepting blame.
- D. Statements that are acceptable include:
4. "I am sorry you were hurt/injured/lost [whatever it is]/ or you feel that way."
 5. "What can I do to help you?"
 6. "Is there someone we can call for you?"

ARTICLE III

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. These informational inquiries can be done in person, by phone, by letter or email, or by a third party, however, all submissions of a claim must be made in writing. Employees should respond that there are two ways to make a claim, if someone believes the District is responsible for their injury or loss.

ARTICLE IV

TO FILE A CLAIM

One of the two following methods must be followed:

1. Claimant sends a letter addressed to the General Manager (at 1800 Willow Lake Road Discovery Bay, CA 94505) that includes the following:
 - Name and address of claimant
 - Date, place and circumstances of the occurrence or action which caused damage, injury, or loss
 - 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
 - Name(s) of the employee(s) or witnesses involved with or having knowledge of the accident/incident, if known
 - The amount claimed, as of the date of the presentation of the claim, including an estimate of any future amount, including a statement about the basis of the computation of the amount claimed
 - Signed and dated by the person making the claim, or another person, on their behalf
2. Claimant submits a completed District Claim Form (attached as Exhibit 1). NOTE: The District Claim Form may also be used by District Employees for accidents or injuries.

ARTICLE V

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.

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.

ARTICLE VI

GATHERING INFORMATION

Claims will be investigated by assigned District staff, in conjunction with the District's Risk Administrator, the General Manager, SDRMA 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.

ARTICLE VII

FORWARDING POTENTIAL CLAIM INFORMATION

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

ARTICLE VIII

DETERMINING THE COURSE OF ACTION

The General Manager, in consultation with SDRMA 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 SDRMA, 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 SDRMA or Legal Counsel for further discussions and resolution of the matter with the claimant

ARTICLE IX

NOTIFYING THE CLAIMANT

The claimant, or a party representing the claimant, will be notified in writing if a claim is denied or “deemed denied”, via the U.S. Postal Service. If a claim is accepted, SDRMA or their Third Party Administrator will contact the claimant and negotiate a settlement.

ARTICLE X

THIRD PARTY REPRESENTATION OF THE CLAIMANT

All Claimants who are represented by a third-party 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.

ARTICLE XI

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)