



Helendale Community Services District

26540 Vista Road, Suite C, Helendale, CA 92342

SPECIAL BOARD MEETING **Thursday, September 9, 2021 at 5:00 PM**

SPECIAL NOTICE OF TELECONFERENCE ACCESSIBILITY

Pursuant to the provisions of Executive Order N-29-20 issued by Governor Gavin Newsom in response to the COVID-19 pandemic and in an effort to prevent the spread of the virus, Helendale CSD will hold its board meeting via teleconference and in person. The Helendale CSD Board of Directors will meet in person at the District Office located at 26540 Vista Rd. Suite C. Helendale, CA 92342. This meeting is open to the public in-person or via virtual interface and can be accessed by clicking on the link below.

www.zoom.com Meeting ID 463 173 8547 Passcode: HCSD
(Dial-in instructions will be provided after registering at the link above.)

Call to Order - Pledge of Allegiance

1. Approval of Agenda

2. Public Participation

Anyone wishing to address any matter pertaining to District business listed on the agenda or not, may do so at this time. However, the Board of Directors may not take action on items that are not on the agenda. The public comment period may be limited to three (3) minutes per person. Any member wishing to make comments may do so by filling out the speaker's card at the following link: <https://www.surveymonkey.com/r/HKGNLL8>. We request that all speaker's cards are filled out by 4:45 pm.

Regular Business:

3. Discussion and Possible Action Regarding Change Order to Fire Sprinkler Contract
4. Discussion and Possible Action Regarding Claim Against the District

Other Business

5. Requested items for next or future agendas (Directors and Staff only)
6. Adjournment

Pursuant to Government Code Section 54954.2(a), any request for a disability-related modification or accommodation, including auxiliary aids or services, that is sought in order to participate in the above agenda'd public meeting should be directed to the District's General Manager's office at (760) 951-0006 at least 24 hours prior to said meeting. The regular session of the Board meeting will be recorded. Recordings of the Board meetings are kept for the Clerk of the Board's convenience. These recordings are not the official minutes of the Board meetings.



Helendale Community Services District

DATE: September 9, 2021
TO: Board of Directors
FROM: Kimberly Cox, General Manager
SUBJECT: Agenda item #3
Discussion and Possible Action Regarding Change Order to Fire Sprinkler Contract

STAFF RECOMMENDATION:

Staff seeks approval of this item.

STAFF REPORT:

In January 2021, the District circulated a request for proposals for fire sprinkler services for the new buildings per the District's Purchasing Policy. The notice was published in the local newspaper, posted on the District's web site as well as provided to qualified vendors. Only one bid was received.

On February 4, 2021, the District awarded the contract for fire sprinkler systems to High Desert Underground, a qualified general contractor working with Ornell Fire Sprinkler company as the C-16 sub contractor in the amount of \$66,900.

On September 7, it was determined that an omission had occurred regarding the bid submission. The omission was the essential connection from the main to the fire sprinkler system which includes a backflow device, Post Indicator Valve, fire department connection, new fire hydrant and connection to the floor flange. This total scope of work is \$114,000.

A representative from High Desert Underground will be present to discuss this portion of the project with the Board. Attached to this staff report are two drawings that highlight the detail of each connection.

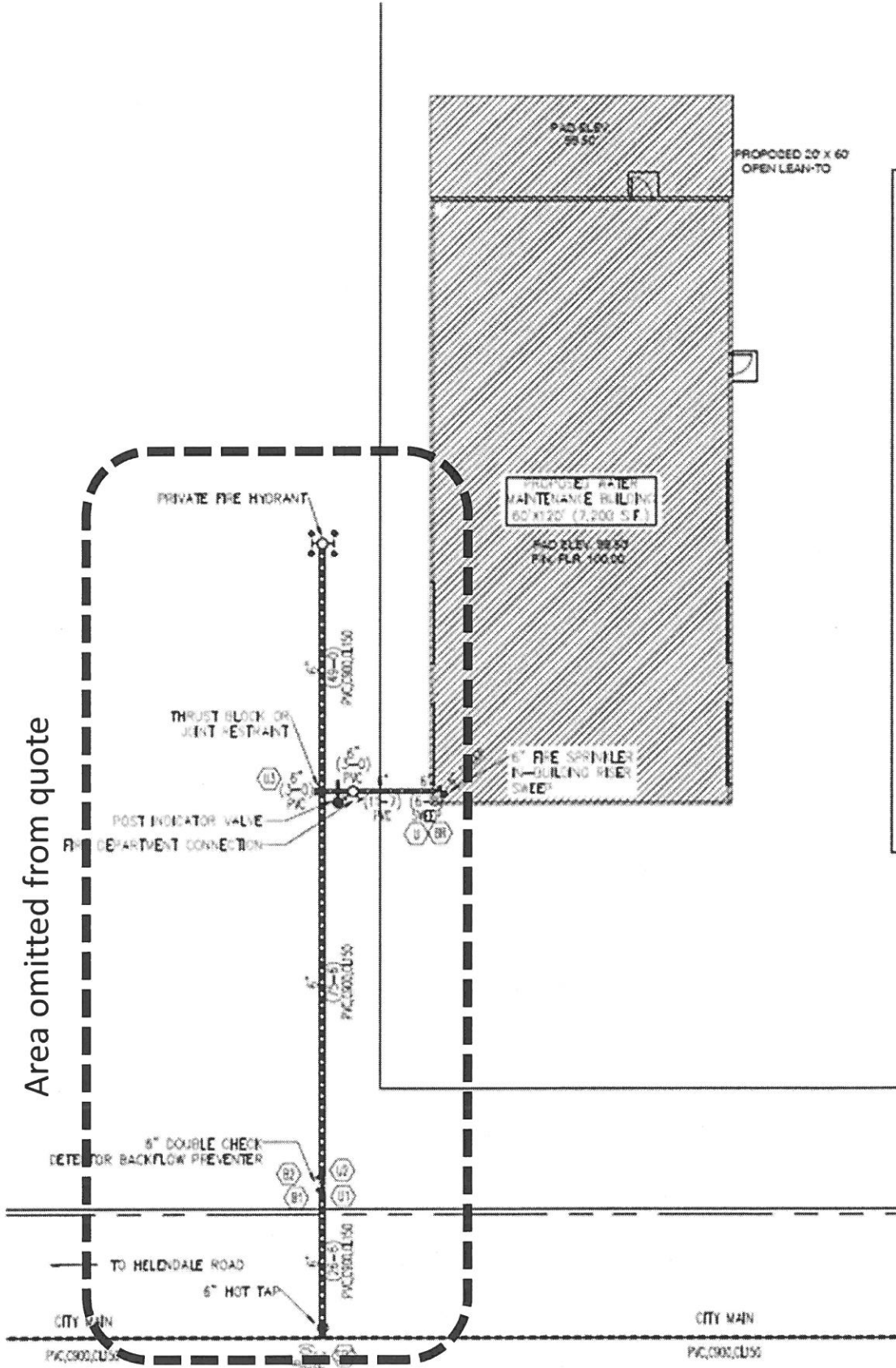
FISCAL IMPACT: \$114,000 for both buildings

REQUESTED ACTION: None

ATTACHMENTS: Drawings of building

16'-0"

Area omitted from quote



Wastewater Building

WATER MAINT. BLDG. 1 U.G. FIRELINE

SCALE 1/16" = 1'-0"





Helendale Community Services District

DATE: September 19, 2021
TO: Board of Directors
FROM: Kimberly Cox, General Manager
SUBJECT: Agenda item #4
Discussion and Possible Action Regarding a Claim Against the District

STAFF RECOMMENDATION:

Staff recommends denial of the claim.

STAFF REPORT:

Attached for the Board's review is a claim that was submitted to the District while a wastewater operator was delivering samples to San Bernardino. The driver alleges that "something from the truck" hit her windshield causing a crack. She flagged our driver down and got his information. She has called back several times and has reported that the crack has grown, and the windshield needs to be replaced as soon as possible.

Since we have a new insurance company, Staff contacted Allied and was advised that they recommend denial of the claim for the following reasons:

- *Liability policies are based on negligence. In this case, there was no negligence on your driver's behalf in kicking up a pebble that was already on the road.*
- *This type of exposure is deemed a normal hazard of operating a vehicle, and it is the reason auto policies offer first party windshield repair and replacement. Such coverage is deemed first party because negligence cannot be extended to another vehicle for kicking up a pebble that is already on the road.*
- *Any ex gratia payments establish precedent and potentially estops you from asserting a defense for a similar situation (whether a pebble being kicked up or any other no-fault type action) that may occur in the future.*

Based upon the quotes the claimant provided the replacement is estimated to be approximately between \$220 and \$409. Staff seeks direction from the Board on the response to this claim.

FISCAL IMPACT: \$220 - \$408.59

REQUESTED ACTION: At the discretion of the Board

ATTACHMENTS: District Claim Form

HELENDALE COMMUNITY SERVICES DISTRICT

CLAIM FOR DAMAGES

TO PERSON OR PROPERTY

Reserved for Date Stamp
Claim No. _____

1. Claims for death, injury to person or personal property must be filed no later than six (6) months after the occurrence. (Gov. Code Sec. 911.2).
2. Claims for damages relating to any other type of occurrence must be filed no later than one year after the occurrence. (Gov. Code Sec. 911.2).
3. Read entire claim before filing. Claim can be mailed or filed in person with original signatures. No faxes accepted.
4. See Page 3 for diagram upon which to locate place of accident.
5. This claim form must be signed on Page 3, bottom.
6. Attach separate sheets, if necessary, to give full details. SIGN EACH SHEET.
7. Fill out in Duplicate. ONE COPY TO BE RETAINED BY CLAIMANT.
8. Claim must be filed with General Manager, 26540 Vista Road, Suite B. Helendale, CA 92342

TO: BOARD OF DIRECTORS OF THE HELENDALE COMMUNITY SERVICES DISTRICT

Name of Claimant

Monique Allen

Home address of Claimant

12425 Sunny Vista Ave Victorville CA 92395

Mailing address of Claimant

Telephone Number of Claimant

How did DAMAGE or INJURY occur? Please include as much detail as possible.

Something from the truck hit my window

When did DAMAGE or INJURY occur? Please include the date and time of the damage or injury.

Where did the DAMAGE or INJURY occur? Please describe fully, and locate on the diagram on the reverse side of this sheet, if applicable. Where appropriate, please give street names and addresses or measurements from landmarks.

15 Freeway going south.

What particular ACT or OMISSION do you claim caused the injury or damage? Please give names of District employees causing the injury or damage and identify any vehicles involved by license number, year, make and model, if known. UNKNOWN item from truck

Please list names and addresses of witnesses, Doctors and hospitals:

None

Signature of Claimant (REQUIRED FOR EACH PAGE) Monique Allen	Print Name: Monique Allen	Date: 8/30/21
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HELENDALE COMMUNITY SERVICES DISTRICT

CLAIM FOR DAMAGES

Amount of Damages Claimed: (Check One)

Less than \$10,000.00

More than \$10,000.00

Damages claimed (if less than \$10,000.00)

- a. Amount claimed as of this date: \$?
- b. Estimated amount of future costs: \$?
- c. Total amount claimed: \$ No Estimate
- d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.)

Pictures Sent to Email

Any additional information that might be helpful in considering the claim:

None

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM

(PENAL CODE Sec. 72; INSURANCE CODE SECTION ' 1871.2)

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true.

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is

Signature of Claimant (or Claimant's Attorney)

Monique Allen

Print Name:

Monique Allen

Date:

8/30/21

HELENDALE COMMUNITY SERVICES DISTRICT

CLAIM FOR DAMAGES

What DAMAGE or INJURIES do you claim resulted? Please give full extent of injuries or damages claimed:

Crack on left side of window shield

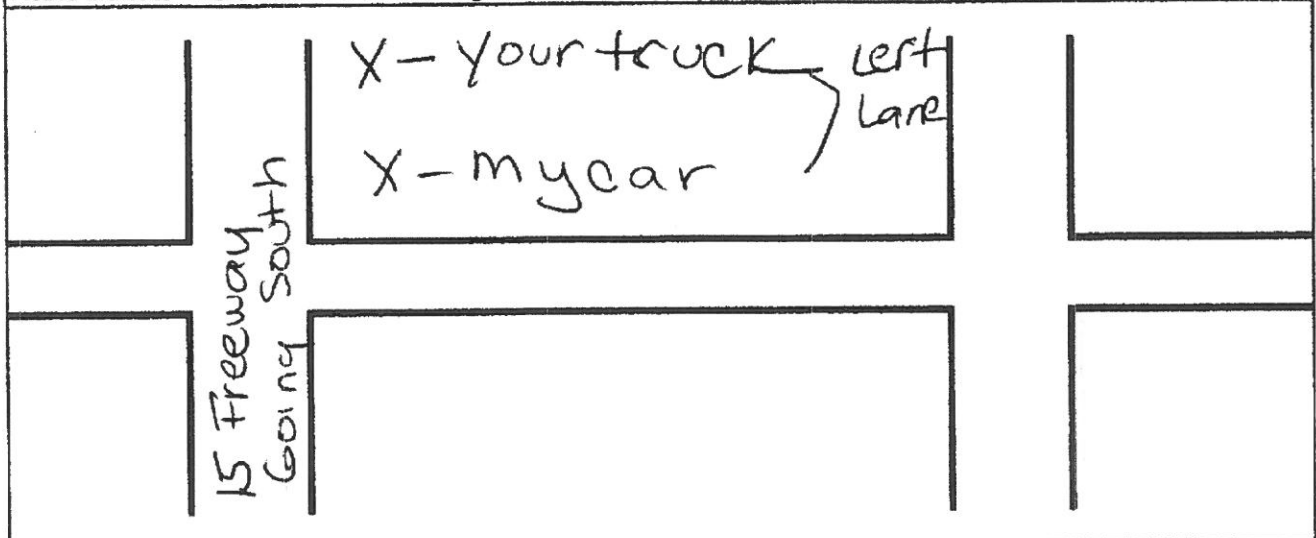
Name and address of any other person(s) injured:

No Insurance payment

If you received and insurance payments, please give the names of the insurance companies:

Name and address of the Owner of any damaged property:

For all accident claims please place on the following diagram the names of the streets where the accident occurred. Indicate the place of the accident by an "X" and by showing the nearest address and distances to street corners. Please indicate where NORTH is on the diagram.



Signature of Claimant (REQUIRED FOR EACH PAGE)

Monique A

Print Name:

Monique Allen

Date:

8/30/21





99%



REVIEW, COMMIT AND SUBMIT

Almost done! To finish scheduling, please review your appointment details then choose how you want to pay.

Appointment details



on Tuesday, September 07, 2021 at 8:00 AM - 1:00 PM

Order details \$143.67



Labor	\$114.99
Nationwide guarantee	FREE
Mobile service	\$19.99
Repair supplies	\$7.99
Subtotal	\$142.97
Sales tax	\$0.70
Total	\$143.67

[Have a promo code?](#)

Choose a payment option



BEST PRICE AUTO GLASS
11399 SANTA FE EAST
HESPERIA, CA 92345
(760) 956-7800 / Fax (760) 956-5600

Quote #	Q 10000180	Date	09/07/2021
Cust #		Billcode	WI
P O #		Sold By	
Fed. Tax #		Inst'l By	

MONIQUE

Year	2013	Make	CADILLAC	Policy #	
Model	ATS	Body Style	4 DOOR SEDAN	Author-ized By	
Lic #		V.I.N		Claim #	
Home Phone	() -	Bus Phone	() -	Damage/Cause	
				Loss Date	09/07/2021

Qty	Part	Description	Block Size	List	Price	Total
1	DW01985GBYN	Windshield (slr contr)(Rain Sensor)(3rd Visor Frit	32 x 55.5	611.45	109.93	109.93
1	LABOR	Labor 3.10 hours		80.00	80.00	
1	HAH000448	2.0 Fast-Cure Urethane, Dam, Primer		20.00	20.00	20.00

ARD#287831

Replacement of windshield

#2

Received 9/7/21

SPECIAL INSTRUCTIONS

- LIFETIME WARRANTY ON AIR LEAKS, WATER LEAKS AND FREE CHIP REPAIR ON WINDSHIELDS (ONLY WITH COMPANY RECEIPT)
 - DO NOT REMOVE BLUE TAPE FOR 48 HOURS
 - DO NOT WASH VEHICLE FOR 48 HOURS AFTER WINDSHIELD REPLACEMENT
 - REPLACEMENT OF THE WINDSHIELD WILL PREVENT USE OF THE VEHICLE DURING ADHESIVE CURE TIME (3-6 HOURS)
 - 30 DAY WARRANTY ON NEW REGAULATORS, MOTORS AND SWITCHES
 - NO WARRANTY ON USED PARTS
 - DEPOSITS NOT REFUNDABLE

Labor	80.00
Subtotal	209.93
Tax	10.07
Total	220.00
Balance	220.00

RECEIVED BY

The glass listed has been replaced / repaired with like kind and quality to my entire satisfaction, and I authorize my Insurance Company to pay BEST PRICE AUTO GLASS directly for the glass and installation charges, or repairs.

9/7/21 2:47pm by ADMIN Updated 9/7/21 2:47pm by ADMIN

Safelite
AutoGlass
want to pay.

99% 



Appointment details



on Wednesday, September 15, 2021 at 8:00 AM - 1:00 PM

Order details **\$408.59**



Parts and labor	\$329.99
Nationwide lifetime warranty	FREE
Disposal	\$19.99
Mobile service	\$34.99
Subtotal	\$384.97
Sales tax	\$23.62
Total	\$408.59

Replace windshield

#3

*Replacement ok
Rec'd 9/7/21*

Have a promo code?

Choose a payment option

Credit card    

