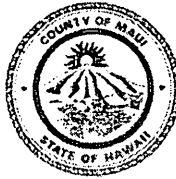


RICHARD T. BISSEN, JR.
Mayor

VICTORIA J. TAKAYESU
Corporation Counsel

MIMI DESJARDINS
First Deputy

LYDIA A. TODA
Risk Management Officer



DEPARTMENT OF THE CORPORATION COUNSEL
COUNTY OF MAUI
200 SOUTH HIGH STREET, 3RD FLOOR
WAILUKU, MAUI, HAWAII 96793
EMAIL: CORPCOUN@MAUICOUNTY.GOV
TELEPHONE: (808)270-7740

October 17, 2025



Via email only at county.clerk@mauicounty.us

Honorable Alice L. Lee, Chair
and Members of the Council
County of Maui
Wailuku, Hawaii 96793

**SUBJECT: Settlement Authorization - AUTHORIZING SETTLEMENT OF CLAIM
4A25055GZPO-0001 OF KANANI KEALOHA FALEAFINE**

Dear Chair Lee and Council Members:

Please find attached separately a proposed resolution entitled "AUTHORIZING SETTLEMENT OF CLAIM 4A25055GZPO-0001 OF KANANI KEALOHA FALEAFINE." The purpose of the proposed resolution is to discuss settlement authority with regards to the above-referenced claim filed with the County Clerk for the County of Maui.

May I request that the proposed resolution be scheduled for discussion and action or referral to the appropriate standing committee as soon as possible as time is of the essence.

It is anticipated that an executive session may be necessary to discuss questions and issues pertaining to the powers, duties, privileges, immunities, and liabilities of the County, the Council, and/or the Committee.

Should you have any questions or concerns, please do not hesitate to contact us. Thank you for your anticipated assistance in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Susan M. Leeder".

SUSAN M. LEEDER
Deputy Corporation Counsel

cc: Josiah Nishita, Managing Director
Shayne Agawa, Director, Department of Environmental Management

Attachments:

- (1) Proposed Resolution "AUTHORIZING SETTLEMENT OF CLAIM 4A25055GZPO-0001 OF KANANI KEALOHA FALEAFINE."
- (2) Claim for Damage received May 5, 2025

MOANA M. LUTEY
County Clerk



RICHELLE M. THOMSON
Deputy County Clerk

OFFICE OF THE COUNTY CLERK
COUNTY OF MAUI
200 SOUTH HIGH STREET
WAILUKU, MAUI, HAWAII 96793
www.mauicounty.gov/county/clerk

May 5, 2025

Sedgwick Claims Management Services, Inc
Via email: 2594CountyofMaui@sedgwick.com

Attn: Unit Code 99

Respectfully transmitted is a copy of a claim against the County of Maui filed by Kanani Kealoha Faleafine, of 1157 Lunalilo Home Road, Honolulu, which was received by our office on May 2, 2025.

Respectfully,


MOANA M. LUTEY
County Clerk

Attachment

cc: Mayor
Corporation Counsel
Council Chair

/djy

Mail completed form to:
Office of the County Clerk
County of Maui
200 South High Street, Room 708
Wailuku, Hawaii 96793

COUNTY OF MAUI
CLAIM FOR DAMAGE OR INJURY

Page 1

FOR OFFICE USE ONLY

Case No.

INSTRUCTIONS

- This claim will not be processed unless filled in completely. Please be as detailed and thorough as possible when describing the damage or injury sustained - use additional paper for your explanation if necessary. Complete in ink.
- Submit claim form with any and all available supporting documentation, such as
- Photos - area of occurrence, proof of damages, injuries, etc
 - Invoices and/or receipts - for property damage, please provide receipts for the completed repairs or, if repairs have not been completed, three repair estimates. If your claim is for an injury, please provide medical reports and all bills
 - Copy of vehicle registration and insurance card (for vehicle damage)
 - Police report or police report number/case number (if any)
- All information related to filing claims against the County can be found at the following link
<https://www.maui-county.gov/1784/Claims-for-Property-Damage-or-Personal>

- Hawai'i law provides that any lawsuit based upon the incident described in your claim must be filed within two years of the date of such incident. Submitting your claim does not extend the two-year statute of limitations for filing a lawsuit. The two-year period is not extended or tolled if your claim is denied or not acted upon. It is your obligation to know when your statute of limitations will run.
- Filing a false claim is a violation of Hawai'i Revised Statute §46-171, et seq., and could result in a civil penalty of not less than \$5,000 and not more than \$10,000, plus treble damages.

CLAIMANT INFORMATION

CLAIMANT
RECEIVED
MAR 3 2025
2025 MAR 3 10 55 AM

Claimant Name: Kealoha Faleafine Kanani
Last First MI

Residence Address: 1157 Lunalilo Home Rd
Street Address

Honolulu HI 96825
City State ZIP Code

If Claimant is an Insurer/Corporation/Company/Business: _____
Full Business Entity's name

Name of Business: _____
Name of Business

Authorized Person: Kanani Kealoha Faleafine Title of Authorized Person: Owner
Name of Authorized Person Title of Authorized Person

Business Address: 1826 Kaohu Street
Street Address

Wailuku HI 96825
City State Zip Code

Primary Phone # () 808 2927262 Email: kananifaleafine@gmail.com

If Someone other than the Claimant named above has an interest in the claim/property that is the subject of this claim, state for each person/business with an interest the Name _____ Address _____

Primary Phone # _____ Email address _____ and draw the interest

Shannon Kealoha (30% owner) Hunter Faleafine (20% owner) Kanani Kealoha Faleafine (50%)

WITNESSES TO ACCIDENT/INJURY

Name	Address	Phone No.	Email Address
1. <u>Mahealani Strong</u>	<u>40 Kupuohi Street Suite 106</u>	<u>Lahaina HI 96761</u>	<u>808.280.3753 mahea@insuringhawaii.com</u>
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Mail completed form to:
Office of The County Clerk
200 South High Street, Room 708
Wailuku, Hawaii 96793

County of Maui
CLAIM FOR DAMAGE OR INJURY

page 2

INSURANCE INFORMATION

Your Insurance Company name: _____ Address: _____ Policy # _____

Did you file a claim with your insurance company? Yes _____ No _____

a. If Yes, state

i. Claim number: _____ Adjuster Name _____ Claimed Amount: \$ _____

ii. Deductible Amount \$ _____ Amount insurance company paid you, \$ _____

iii. If insurance company has not paid you, state what action they plan to take _____

b. If No, state why you did not file a claim with your insurer: _____

POLICE REPORT INFORMATION

Did you file a report with the police? Yes _____ No _____; if Yes, state: Officer Name _____ Report Case #: _____

Please attach a copy of the police report.

OCCURRENCE DESCRIPTION STATEMENT

Date of Occurrence: June Time of Occurrence: _____ Amount of Claim \$ 60,000

Incident Location/ Address: 1826 Kaohu Street, Wailuku HI 96793

If another motor vehicle was involved, state the Make _____ Model: _____ License Plate No: _____

Driver Name: _____ Address: _____ Phone No: _____

Owner Name: _____ Address: _____ Phone No: _____

Description of Injury/Damage: County sewer line collapsed and needs to be repaired. Sewer line runs under our property

Please, attach photos of all damaged property and of any injuries sustained

How Injury/ Damage Occurred:

June: Informed that county sewer line has collapsed and unable to use restrooms on property

July: County on site with contractors to view area and submit bid

August: Emergency work begins - Bestil Brothers Tenants unable to conduct business

December: Repairs completed but issues still need to be address. sinkholes appear after rain

March: communication from Juan that he still needs to get Betsil brothers on site to complete the work

Seeking damages that include loss of rent from tenant, additional cost for water bills due contractors on property, repairs from the barriers that were attached to the structure of the building without consent from the owners and costs associated with the ongoing issues at the property that have not been addressed in a timely manner

BY SIGNING THIS FORM, I HEREBY CERTIFY THAT THE INFORMATION AND CLAIM SUBMITTED ARE TRUE AND CORRECT

TITLE

CLAIMANT PRINTED NAME

CLAIMANT SIGNATURE

DATE

Date	Description	Amount
June	Reduced rent due to lost of restrooms	3000
July	Reduced rent due to lost of restrooms	3000
Aug	Loss of rent due to County stating work would start	6000
Sept	Loss of rent	6000
Oct	Loss of rent	6000
Nov	Loss of rent	6000
Dec	Loss of rent	6000
Jan	Loss of rent	6000
Feb	Loss of rent	6000
Mar	Loss of Rent	6000
Jan	Clean up costs	500
Feb	Overhaul of the machines due to dirt	200
Dec	Water used by contractor	162
		54862

Water Bill:

Duration of the repair months from September 23, 2024, to February 20, 2025, confirmed with Juan Rivera, Civil Engineer VI, DEM, WWR.

<u>Date</u>	<u>Amount</u>
5/20/24	\$48.05
6/21/24	\$85.97
7/19/24	\$233.20
8/21/24	\$405.19
9/20/24	<u>\$33.77</u>
	\$806.18 Total

LEASE SUMMARY
Retail/Office/Warehouse Space
Project Name/Address: 1826 Kaohu Street, Wailuku

SUMMARY OF LEASE, HEREBY MADE A PART OF LEASE DOCUMENT

PREMISES: 16,500 sq. ft. retail/office/warehouse space.
Parking spaces - Assigned Yes X No
(See Exhibit C If Assigned)

TENANT: MAHEALANI STRONG & JODIE SAJOR AS TOP
SHAPE LLC DBA HOOMANA BARBELL

Address: 2160 Kahanui St. *AS*
Wailuku, Hawaii 96793

Telephone: Bus. _____ Cell, 808/280-3753 Fax, _____
Res. _____ Email: mahea@insuringhawaii.com

CONDITION OF SPACE: Premises will be leased in "as is" condition.

TERM: From 10/01/2016 to 09/30/2021, 5 Years, 0 Mos.

USE: Gym and meal preparation

GROSS RENT PER MONTH:

Year 1 - \$	<u>\$6,000.00</u>
Year 2 - \$	<u>\$6,000.00</u>
Year 3 - \$	<u>\$6,000.00</u>
Year 4 - \$	<u>\$6,180.00</u>
Year 5 - \$	<u>\$6,365.40</u>

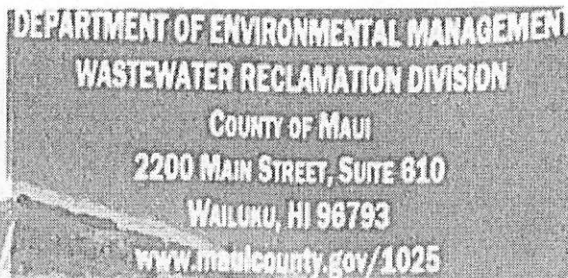
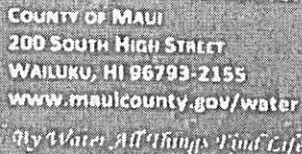
SECURITY DEPOSIT: \$ 6,000.00

MAINTENANCE EXPENSES: Tenant to pay prorata share of real property taxes, common area maintenance charges, fire and liability insurance, water, property management, waste disposal, building and grounds maintenance, etc. Estimated to be \$.00 per sq. ft. per month, subject to annual adjustment.

% INTEREST OF BUILDING: Area being leased 16,500 SF divided by gross leasable area 16,500 = 100.00 %
Rubbish = Not Included

The tenant has been behind on their rent. The deposits will reflect what was actually deposited and not the 6K that is owed for the rent.

MAY 4 2023	Ⓢ	PREAUTHORIZED TRNSFR TOP SHAPE LLC CK POPMONEY **0423 TOP SHAPE LLC . KANANI KEALOHA-FAL	+ \$1,000.00	:
MAY 10 2023	Ⓢ	PREAUTHORIZED TRNSFR TOP SHAPE LLC CK POPMONEY **1023 TOP SHAPE LLC . KANANI KEALOHA-FAL	+ \$1,000.00	:
MAY 24 2023	Ⓢ	PREAUTHORIZED TRNSFR TOP SHAPE LLC CK POPMONEY **2423 TOP SHAPE LLC . KANANI KEALOHA-FAL	+ \$1,000.00	:
JUN 6 2023	Ⓢ	PREAUTHORIZED TRNSFR TOP SHAPE LLC CK POPMONEY **0623 TOP SHAPE LLC . KANANI KEALOHA-FAL	+ \$1,000.00	:
JUN 22 2023	Ⓢ	PREAUTHORIZED TRNSFR TOP SHAPE LLC CK POPMONEY **2223 TOP SHAPE LLC . KANANI KEALOHA-FAL	+ \$1,000.00	:
JUL 5 2023	Ⓢ	Online Transfer Transfer	+ \$8,000.00	:
JUL 6 2023	Ⓢ	Popmoney Transfer Transfer	+ \$1,000.00	:
JUL 14 2023	Ⓢ	Popmoney Transfer Transfer	+ \$1,000.00	:
JUL 19 2023	Ⓢ	Popmoney Transfer Transfer	+ \$1,000.00	:
AUG 2 2023	Ⓢ	Popmoney Transfer Transfer	+ \$1,000.00	:
AUG 16 2023	Ⓢ	Popmoney Transfer Transfer	+ \$1,000.00	:
OCT 27 2023	Ⓢ	LC Deposit Income	+ \$9,000.00	:
JAN 5 2024	Ⓢ	Ⓢ Deposit Income	+ \$6,000.00	:
JAN 30 2024	Ⓢ	Ⓢ Deposit Income	+ \$3,000.00	:
MAR 1 2024	Ⓢ	Ⓢ Deposit Income	+ \$3,000.00	:
APR 5 2024	Ⓢ	Ⓢ Deposit Income	+ \$3,000.00	:
APR 5 2024	Ⓢ	Ⓢ Deposit Income	+ \$3,000.00	:
MAY 21 2024	Ⓢ	Ⓢ Deposit Income	+ \$3,000.00	:
JUN 12 2024	Ⓢ	Ⓢ Deposit Income	+ \$3,000.00	:
JUL 1 2024	Ⓢ	Ⓢ Deposit Income	+ \$3,000.00	:
JUL 29 2024	Ⓢ	Ⓢ Deposit Income	+ \$3,000.00	:



Window Hours: Monday thru Friday 8:00am to 4:00 pm

Office Hours: Monday thru Friday 7:00 am to 3:30 pm

Account Number	9641506980
Name	ALDEN K KEALOHA TRUST
Address	1826 KAOHU ST
Billing Date	05/21/2025

Previous Balance	\$156.39
Payments	\$44.00
Adjustments	\$0.00
Corrections	\$0.00
Current Charges	\$81.65

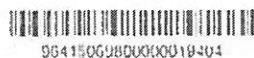
PAYMENT MUST REACH US BY 06/10/2025

Month	Number of Bills Introduced
05/2024	2
06/2024	8
07/2024	28
08/2024	50
09/2024	1
10/2024	2
11/2024	1
12/2024	18
01/2025	4
02/2025	3
03/2025	3
04/2025	3
05/2025	2

Water Usage Phone			
DATE	THOUS GAL	DAYS	WATER CHARGES
05/21/2025	2	30	\$11.35
04/21/2025	3	32	\$18.93
03/20/2025	3	27	\$48.93
02/21/2025	3	30	\$48.93
01/22/2025	4	34	\$56.51
12/19/2024	18	27	\$162.63
11/22/2024	1	32	\$33.77
10/21/2024	2	31	\$41.35
09/20/2024	1	30	\$33.77
08/21/2024	50	34	\$405.19
07/19/2024	29	28	\$233.20
06/21/2024	10	32	\$85.07
05/20/2024	4	32	\$78.05

Indicate address changes below. Please detach and return bottom portion with your payment.

DEPARTMENT OF WATER SUPPLY
County of Maui
200 South High Street
Wailuku, HI 96793-2155

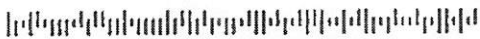


06/10/2025

$\frac{1}{x^2} = x^{-2}$, $\frac{d}{dx} x^{-2} = -2x^{-3} = -\frac{2}{x^3}$

\$194.04

AMOUNT ENCLOSED - \$54.00



ALDEN K KEALOHA TRUST
C/O KANANI KEALOHA-FALEAFINE
1157 LUNALILO HOME RD
HONOLULU HI 96825-3204

DEPARTMENT OF WATER SUPPLY

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