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, 3<sup>RD</sup> 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,

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





#### 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 Maur 200 South High Street, Room 708 Walluku, Hawaii 96793

## COUNTY OF MAUI

				Page	1
FOR	OFF	ICE	USE	ONLY	
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					l

#### 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 pills
- Copy of vehicle registration and insurance card (for vehicle camage)
- 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.mauicounty.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.

territoria de la companya de la comp	STREET STREET	<b>CLAIMANT INFORMA</b>	TION		P-P-	
Claimant Name	Kealoha Faleafine			Kanani		
Residence Address	1157 Lunalilo Home Rd	Lást	******	Last		A1 /
	***************************************	Street Address			April	mentaled #
2	Honolulu			H		96825
C: 2	City			Stato		HI C Mi
If Chimnet is an loss	uter/Corporation/Company:Bu	winner.				
W Ordinary is an irisi	i i	Full Busi	ness Entity's n	ame		
III Nalfie of B	uşingsi Authorized Person L	Kanani Kealoha Faleafin	e Title of	Authorized P	ersor Owner	
III Business /	Address: 1826 Kaohu Stree	t				
Business /	Street Addres				Unit#	
2002	Wailukuy	Н			96825	
	City	State			Zip Code	
Primary Phone #. (	808 2927262	Email: kananifalea	fine@gmail.c	com		
If Someone other th	an the Claimant named above	e has an interest in the clain	viproperty that	is the subject	of this claim, sta	ale for each
person/ousiness wil	th an interest the Name		Address			and the second second second second
Primary Phone #		- Email address		41	and diffully I	ne interest
Shannon Kealoh	a (30% owner) Hunter Fa	aleafine (20% owner)	Karani	Raiora	fallatine	(5090)
	WITA	IESSES TO ACCIDEN	T/INJURY		Shirt States	
Nam	e Addros	ss Phone	No.	Email Ac	ldress	# N
1. Mahealani S	Strong 40 Kupuohi Street	Suite 106 Lahaina HI 9	6761 808.28	30.3753 mal	hea@insuring	hawaii.com
2						
4.						
3.						

### Mail completed form to:

# County of Maui

page 2

Office of The County Clerk 200 South High Street, Room 708 Walluku, Hawaii 96793

the artificial facilities of the contract of t	INSURANCE INFORMATI	ON .
Your Insurance Company name.	Address	Policy #
Did you life a claim with your insuran	co company? Yes No	
a. If Yes, state		
		; Claimed Amount; S
ii. Deductible Amount \$	Amount insurance c	company paid you. S
		ake
	POLICE REPORT INFORMA	TION
Did you file a report with the police? Y	es No; if Yes, state: Officer Nan	ne: Report Case #:
Please attach a copy of the police re	eport.	
	OCCURRENCE DESCRIPTION S	STATEMENT
Date of Occurrence: June	Time of Occurrence:	Amount of Claim S 60,000
Incident Location/ Address: 1826 K		
The second secon		
If another motor vel: cle was involved	, state the Make Model:	License Plate No:
Driver Name:	, Address	; Phone No.
Owner Name:	. Address	, Phone No.
Description of Injury/Damage: Cour	ity sewer line collaped and needs to be	repaired. Sewer line runs under our proper
Please, attach photos of all damaged	I property and of any injuries sustained	
How Injury/ Damage Occurred.		
	sewer line has collapsed and unable to	use restrooms on property
	atractors to view area and submit bid egins - Bestil Brothers Tennants unable	e to conduct business
	eted but issues still need to be address.	
March: communication from	Juan that he still needs to get Betsil bro	others on site to complete the work
		ost for water bills due contrators on property
	t were attached to the structure of the b going issues at the property that have r	oulding without concent from the owners and
	going issues at the property that have t	not been addressed in a timely marine.
BY SIGNING THIS FORM, I HEREB	Y CERTIFY THAT THE INFORMATION AND	LCLAIM SUBMITTED ARE THUE AND CORRECT
	11 -1 0 4	X.A.
Kanani Ke	alona-talatine rundu	/MM 5/2/25
TITLE CLAIMANT PRIN	TED NAME CLAIMANT SIGN	NATURE DATE
iu: County Claim Form - Revision Da	ale 3-11-2025 CC RMD Required	

Date	Description	Amount	
June	Reduced rent due to lost of restrooms	3	3000
July	Reduced rent due to lost of restrooms	3	3000
Aug	Loss of rent due to County stating work would start	6	5000
Sept	Loss of rent	6	6000
Oct	Loss of rent	6	6000
Nov	Loss of rent	6	6000
Dec	<b>Loss of rent</b>	6	6000
Jan	Loss of rent		6000
Feb	Loss of rent	6	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	and the second of the second o	162
Allen Tax	re ng wij sa <del>awee satus refer i wij grops i</del> it is paan sa waa paas maara is na waara waa marii ay in saa maay waa uu ah		
The second secon	est ut upper <del>automominateur green - som mannet som som e</del> n en tophanoptommen gres domb in - the speciel antiment en tre en antiment e	and the second second second second	
na companiente de la region de la companiente del companiente de la companiente de la companiente de la companiente de la companiente del companiente de la	THE REPORT OF THE PROPERTY OF	5	4862

### Water Bill:

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

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

### **LEASE SUMMARY**

# Retail/Office/Warehouse Space Project Name/Address: 1826 Kaohu Street, Walluku

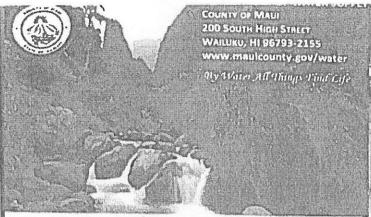
SUMMARY OF LEASE, HEREBY MADE A PART OF LEASE DOCUMENT

PREMISES:	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: 2100 Kalanai St. Wailuku, Hawali 96793
Telephone	e: Bus Cell, <u>808/280-3753</u> Fax, Res Email: <u>mahea@Insuringhawaii.com</u>
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 RE	Year 1 - \$ \$6,000.00 Year 2 - \$ \$6,000.00 Year 3 - \$ \$6,000.00 Year 4 - \$ \$6,180.00 Year 5 - \$ \$6,365.40
SECURITY	DEPOSIT: \$ 6,000.00
MAINTENAI EXPENSES	
% INTERES	Area being leased 16,500 SF divided by gross leasable area 16,500 = 100.00 %  Rubbish = Not Included

į

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

MAY 4 @	PREAUTHORIZED TRNSFR TOP SHAPE LLC CK POPMONEY **0423 TOP SHAPE LLC . KANANI KEALOHA-FAL	+\$1,000.00	;
MAY 10 @	PREAUTHORIZED TRINSFR TOP SHAPE LLC CK POPMONEY **1023 TOP SHAPE LLC . KANANI KEALOHA-FAL	+ \$1,000.00	:
MAY 24 @	PREAUTHORIZED TRNSFR TOP SHAPE LLC CK POPMONEY **2423 TOP SHAPE LLC . KANANI KEALOHA-FAL	+ \$1,000.00	i
JUN 6 2023	PREAUTHORIZED TRNSFR TOP SHAPE LLC CK POPMONEY **0623 TOP SHAPE LLC . KANANI KEALOHA-FAL	+ \$1,000,00	ŧ
JUN 22 @	PREAUTHORIZED TRNSFR TOP SHAPE LLC CK POPMONEY **2223 TOP SHAPE LLC . KANANI KEALOHA-FAL	+ \$1,000.00	i
NA S &-	Online Transfer Transfer	• \$8,000,00	:
JUL 6 ,	Popmoney Transfer Transfer	• \$1,000,00	
JUL 14 2023	Popmoney Transfer Transfer	• \$1,000.00	:
(UL 19	Popmoney Transfer Stansfer	+ \$1,000.00	ŧ
AUG 2 4	Popmoney Transfer transfer	+ \$1,000.00	:
AUG 16 ,	Popmoney Transfer Transfer	+ \$1,000.00	i
OC1 27 E-	La: Deposit Income	+ \$9,000.00	i
JANS 2-	c: Deposit Income	+ \$6,000.00	:
JAN 30 G.	© Deposit treome	+ \$3,000.00	i
MAR 1 E-	m Deposit Income	+ \$3,000.0n	:
APR 5 2024	© Deposit	+ \$3,000,09	
APR 5 2.	C: Deposit	+ \$3,000.00	:
MAY 21 G-	te: Deposit troome	+ \$3,000.00	ŧ
JUN 13 E.	to Deposit knome	+ \$3,000.00	i
JUL 1 G.	© Deposit Income	÷\$3,000.00	i
JUL 29 G.	© Deposit	+ \$3,000.00	ŧ



Water Questions? Call the Department of Water Supply at 808-270-7730

Water Trouble? Call 808-270-7633 (24 hours)

Office Hours: Monday thru Friday 7:45 am to 4:30 pm Window Hours: Monday thru Friday 8:00am to 4:00 pm

Sewer Questions? Call the Department of Environmental Management, Wastewater Reclamation Division at 808-270-7417

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

**WASTEWATER RECLAMATION DIVISION** 

COUNTY OF MAU 2200 Main Street, Suite 810 WALLOKO, HI 96793 w.medicounty.gov/1025

Sewer Trouble? Call 808-270-7465 (24 hours) Office Hours: Monday thru Friday 7:00 am to 3:30 pm

#### ACCOUNT INFORMATION

Account Number 9641506980 Name ALDEN K KEALOHA TRUST Address 1826 KAOHU ST Billing Date 05/21/2025 WATER & SEWER BILLING SUMMARY (See back for departs)

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

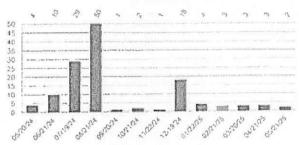
TOTAL AMOUNT DUE

\$194.04

PAYMENT MUST REACH US BY

06/10/2025

Bill Period Usage (kgal)



For Billing Period Ending On

Water Usage Profile

DATE	THOUS GAL	DAYS	CHARGES
05/21/2025	2	30	5.11.35
04/21/2025	3	32	\$48.93
03/20/2025	3	27	\$-18 93
02/21/2025	3	30	\$48.93
01/22/2025	4	34	\$56.51
12/197024	18	27	\$162.63
11/22/2024	1	32	\$33.77
10/21/2024	2	31	\$41.35
09/20/2024	3	30	\$33.77
08/21/2021	50	33	\$405.19
07/19/2024	79	28	\$233.20
06/21/2024	10	32	\$85.07
05/20/2024	-3	3.2	\$48 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 96415069800000019404

ACCOUNT NUMBER

9641506980

PAYMENT MUST REACH US BY

06/10/2025

PARKETAL CHEST HAVE BEEN AND ACTION OF THE

TOTAL AMOUNT DUE

\$194.04

AMOUNT ENCLOSED MALE

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2194 1 MB 0 022 0260758 HBM3311552 ST 1GPP 1007906000193

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

Aleks Concas insulten to DEPARTMENT OF WATER SUPPLY

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