**RICHARD T. BISSEN, JR.**
Mayor

**VICTORIA J. TAKAYESU**
Acting Corporation
Counsel

**SONYA TOMA**
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

February 3, 2023

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: Authorizing Settlement of Claim No. 4080380 of Hawaiian Electric Company

Dear Chair Lee and Council Members:

Please find attached separately a proposed resolution entitled "AUTHORIZING SETTLEMENT OF CLAIM NO. 4080380 of Hawaiian Electric Company." The purpose of the proposed resolution is for settlement of a general liability claim.

I request that the proposed resolution be scheduled for discussion and action, or referral to the appropriate standing committee as soon as possible. I have also attached the claim and supporting documents.

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,

Bradley J. Sova
Deputy Corporation Counsel

cc: Director, Department of Water Supply

Attachments

KATHY L. KAOHU
County Clerk

JAMES G.M. KRUEGER
Deputy County Clerk

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

December 13, 2022

John Mullen & Company, Inc. (JMC)
Via email: claims@johnmullen.com

Attn: Unit Code 99

Respectfully transmitted is a copy of a claim against the County of Maui filed by Bernadette Lavallee, of Hawaiian Electric Company, Inc., Claims Dept. (AT11-ND). of P.O. Box 2750, Honolulu, which was received by our office on December 12, 2022.

Respectfully,

Kathy L. Kaohu

KATHY L. KAOHU
County Clerk

Attachment

cc: Mayor
Corporation Counsel
Council Chair

/djy

# COUNTY OF MAUI

RECEIVED

## CLAIM FOR DAMAGE OR INJURY

2022 DEC 12 PM 2:58

OFFICE OF THE COUNTY CLERK

PLEASE PRINT CLEARLY

1. Claimant: Mr. ☐ Mrs. ☐ Ms. ☐ Hawaiian Electric Company, Inc. (POC: Bernadette Lavallee)
2. Address: Claims Dept. (AT11-ND) PO Box 2750 Honolulu, HI 96840
3. Telephone No. 808-543-4667 Email: bernadette.lavallee@hawaiianelectric.com
4. Date of Accident: 1/13/21
5. Location of Accident: Baldwin Ave
6. Amount of Claim: Property Damage $ TBD Personal Injury $_____
7. Describe the accident in detail. Indicate all the facts, causes, persons involved, witnesses, extent of damage, etc., and why you think the County is responsible. Attach additional sheets as needed.

   Per attached police report 21-001484: Gerlad Ponce was traveling North bound on Baldwin Avenue veered onto the East sidewalk area fronting 287 Baldwin Avenue, Paia, Colliding into utility pole 25.

8. If you carry insurance applicable to this claim, please provide the name and address of the insurance company and your policy number.

   _____ Policy No. _____

   A. Did you file a claim with your insurance company? _____

      If yes, amount claimed $_____ Deductible amount $_____

   B. If a claim was filed with your insurance company, what action do they intend to take?

I HEREBY DECLARE THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.

(Signature of Claimant) 12/7/22 (Date)

**COUNTY OF MAUI**

**PLEASE READ THESE INSTRUCTIONS CAREFULLY**
**BEFORE FILLING OUT THE ATTACHED CLAIM FORM**

1. Claims for property damage or personal injury must be signed by the property owner or the injured person. The person signing must be over 18 years of age. If a duly authorized agent or representative signs on behalf of a claimant, evidence establishing the authority to act must be attached.

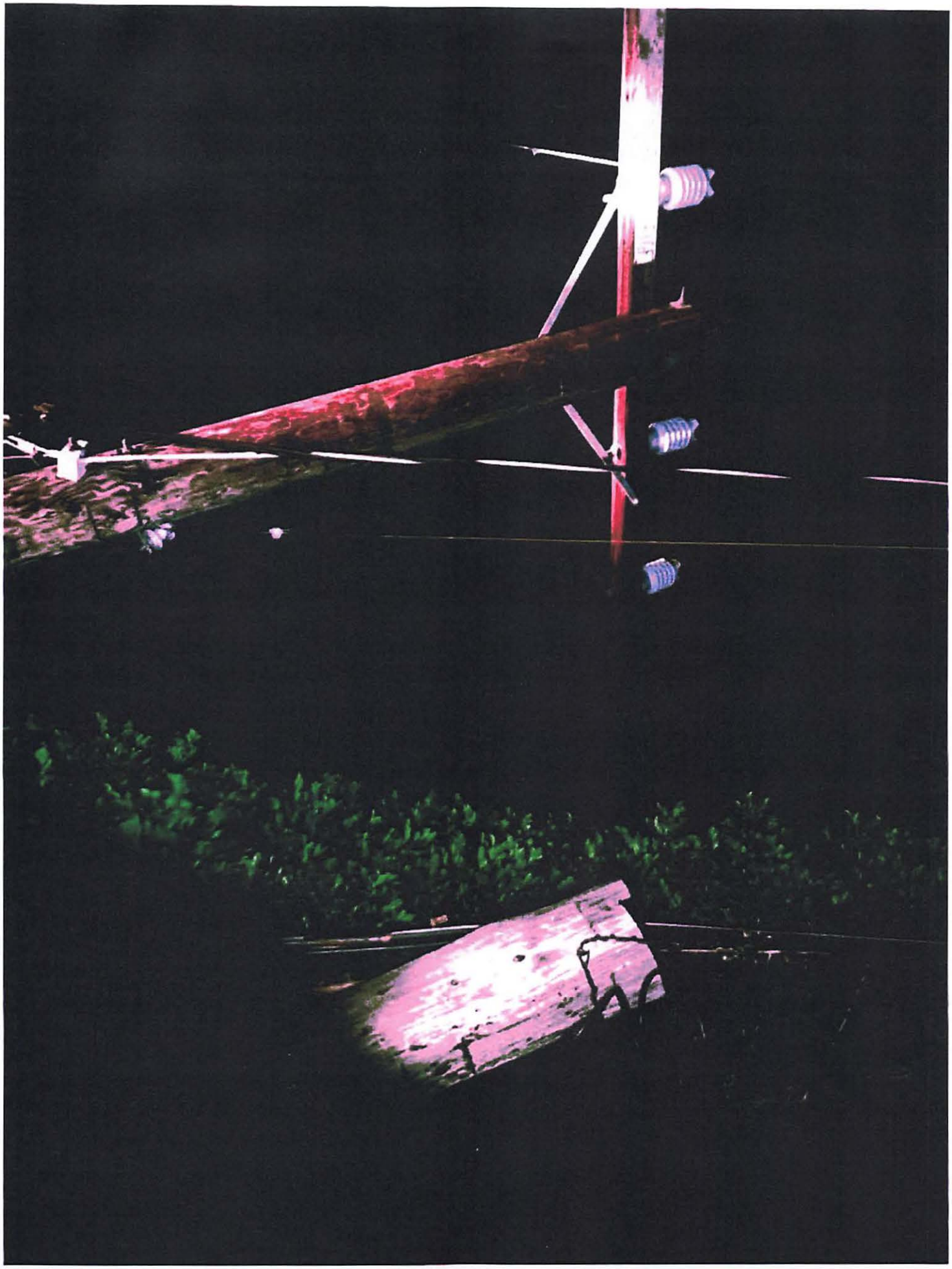
2. For property damage claims, three itemized, signed estimates of the repairs or replacement costs must be submitted. If payment has been made, the itemized, signed receipt must be submitted. If the claim includes loss-of-use of vehicle or car rental costs, documentation to that effect should also be submitted. For vehicle property damage, a copy of the certificate of ownership or vehicle registration must be attached when submitting your claim.

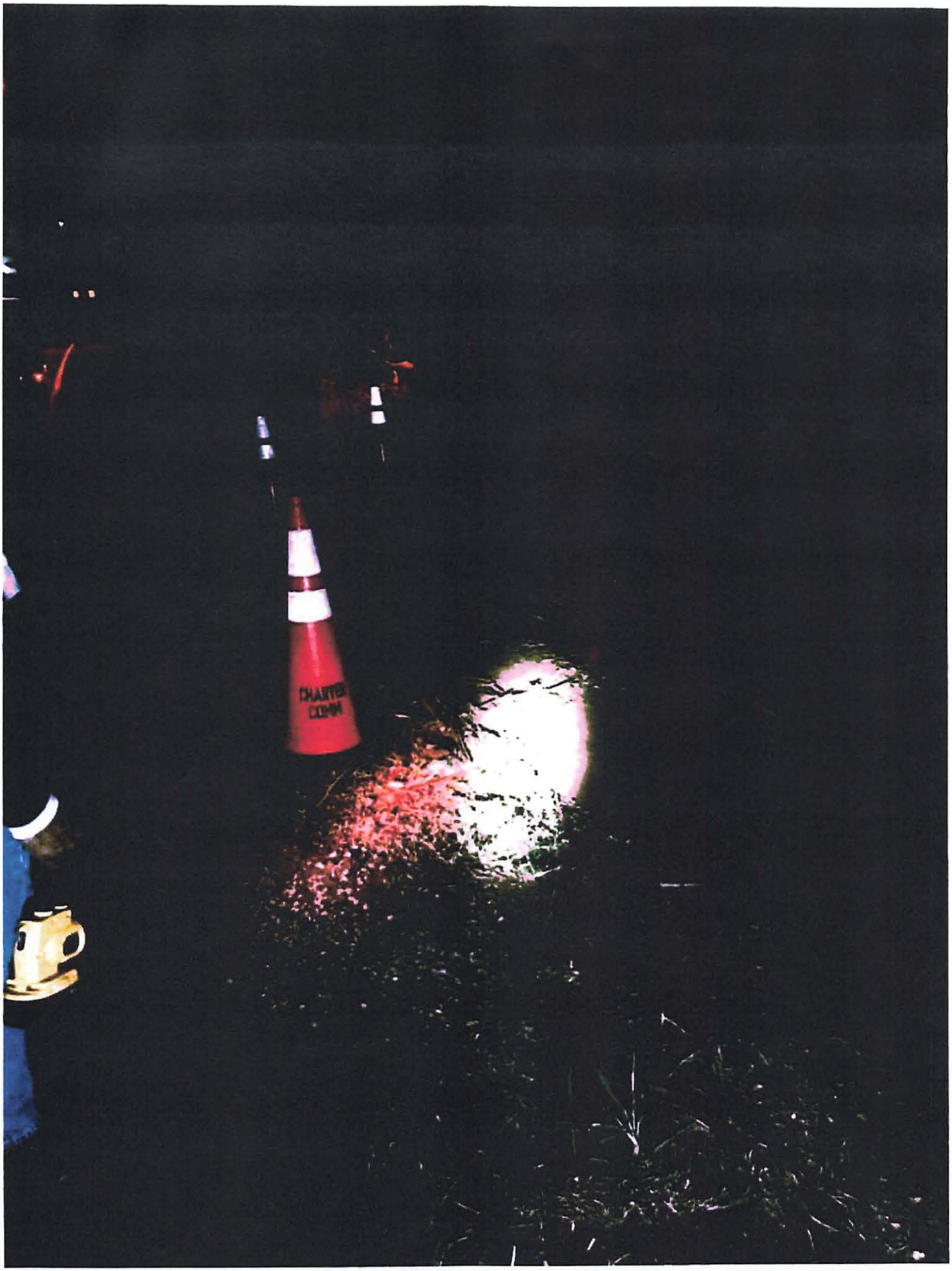
3. For personal injury claims, written documentation by the attending physician must be submitted. This would include any medical treatment or billing information, prescribed medications and the period of incapacitation, if relevant.

4. The claim form must be filled out completely, accurately, and legibly in order to process your claim. Submit your claim form bearing your original signature to:

OFFICE OF THE COUNTY CLERK
COUNTY OF MAUI
200 SOUTH HIGH STREET, ROOM 708
WAILUKU, HAWAII 96793

(Rev. 2/28/2022)





# STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT



Report Number: 21001484

| (1) Crime Code | (2) County | (3) District | (4) Beat | (5) Watch | (6) Date/Time/Day Occurred | | | (7) Date/Time/Day Reported | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | MAU | 1 | 30 | 1 | 01/13/2021 | 02:52 | WEDNESDAY | 01/13/2021 | 02:50 | WEDNESDAY |

| (8) Report Type | (9) Total Involved | | | | | (10) Number Of | | | (12) Hit & Run | (13) Fire | (14) Photo | (15) Location |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | MV | MC | MOP | BC | PED | WITN | KILLED | INJ | | | | |
| [X] Major (01) [ ] Minor (02) | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | [X] No (01) [ ] Yes (02) | [X] No (01) [ ] Yes (02) | [X] No (01) [ ] Yes (02) | [X] None (00) [ ] Bridge (01) [ ] Tunnel (02) [ ] Ramp (03) |

| (16) Times Police | | (17) Times EMS | |
|---|---|---|---|
| Sent | Arrive | Sent | Arrive |
| 0253 | 0255 | | |

**(18) Weather Conditions (Select up to 2)**
[X] Clear (01) [ ] Hazy, Fog, Smoke (04) [ ] Snow (07)
[ ] Cloudy (02) [ ] Windy, Severe Crosswind (05) [ ] Blowing Sand /Soil/Dirt (08)
[ ] Rain (03) [ ] Sleet/Hail (06) [ ] Unknown (09)

**(19) Light/Lighting**
[ ] Daylight (01) [ ] Spot Illumination (04) [X] Dark/No Lights (07)
[ ] Dawn (02) [ ] Continuous Lighting (05) [ ] Dark/Unknown (08)
[ ] Dusk (03) [ ] Dark/Lights Off (06) [ ] Unknown (09) [ ] Other (10)

**(20) Location Class**
[ ] School (01) [ ] Recreational (05)
[ ] Business (02) [ ] Farm/Fields (06)
[X] Residential (03) [ ] No Development (07)
[ ] Industrial (04) [ ] Other (08)

**(21) Traffic Level**
[X] Light (01) [ ] Medium (02) [ ] Heavy (03)

**(22) Trafficway Description**
[X] 2-Way, Undivided (01) [ ] 2-Way, Divided, Median Barrier (04)
[ ] 2-Way, Undivided with Cont. Left Turn Lane (02) [ ] 1-Way Trafficway (05)
[ ] 2-Way, Divided, Unprotected Median (03) [ ] Other (06)

**(23) GPS Location**
Latitude
Longitude

**LOC**

| (24) Name of Street or Highway | (25) City/Town | (26) Work Zone |
|---|---|---|
| BALDWIN AVENUE | PAIA | [X] No (01) [ ] Yes (02) |

| (27) Route No. | (28) Mile Post Marker | (29) Distance and Direction | (30) Refer (Mile Marker, Intersection, Etc.) |
|---|---|---|---|
| 390 | | 0.1 MILE SOUTH OF | PONI PLACE |

**(31A) Location of First Harmful Event**

**Intersection**
01 Intersection Area
02 Driveway Access

**On Roadway - Not at Intersection**
10 Left or Inner Lane
11 Right or Outer Lane
12 Other Main Lane
13 Merge/Transition Lane
14 Acceleration Lane
15 Deceleration Lane
16 Left Turn Lane
17 Right Turn Lane
18 Bikeway
19 Bus/HOV/Zipper Lane

**Off Roadway**
20 Left Shoulder
21 Right Shoulder
22 Left Roadside
23 Right Roadside
24 Median

**Off Roadway (Cont.)**
25 Median Crossover
26 Outside ROW (Trafficway)

**Off Roadway - Other**
30 Driveway
31 Private Road
32 Parking Lot

**Other Roadway**
40 Entrace/Exit Ramp
41 Railway Crossing
42 Midblock Crosswalk
43 HOV Crossover Lane
44 Gore
45 Separator
46 Parking Lane
47 Emergency Escape Ramp
48 Other (Specify in Synopsis)

[11] Enter the Location of the FIRST HARMFUL EVENT (31A)

**(31B) Action**

**Non-Collision**
01 Overturn/Rollover on Roadway
02 Overturn/Rollover off Roadway
03 Submersion
04 Fire/Explosion
05 Jackknife
06 Ran Off Roadway
07 Cargo/Equipment Loss or Shift
08 Fell/Jumped from Motor Vehicle
09 Downhill Runaway
10 Separation of Units
11 Cross Median
15 Cross Centerline
12 Equipment Failure
13 Thrown or Falling Objects
14 Other Non-Collision (Specify in Synopsis)

**Collision with Object/Animal**
20 Overhead Cables
21 Guardrail Face
22 Guardrail End
23 Culvert
24 Ditch
25 Bridge Overhead Structure
26 Bridge Pier or Support
27 Bridge Rail
28 Building
29 Tunnel
30 Curb

**Collision with Object/Animal (Cont.)**
31 Embankment/Retaining Wall
32 Fence
33 Utility Pole/Light Support
34 Traffic Signal
44 Traffic Sign Post
35 Other Post/Pole/Support
36 Impact Attenuator/Crash Cushion
37 Concrete Traffic Barrier
45 Cable Barrier
38 Other Traffic Barrier
39 Tree (Standing)
40 Hydrant
41 Mailbox
42 Animal
43 Other (Specify in Synopsis)

**Collision with Person**
50 Unknown
51 Crossing in Crosswalk
52 Crossing Outside Crosswalk
53 Crossing no Crosswalk
54 Darting Out
55 Walking in Roadway
56 Playing/Exercising in Roadway
57 Directing Traffic
58 Pushing/Working on Vehicle
59 Getting On/Off Vehicle
60 Roadwork
62 Walking Off Roadway
61 Other (Specify in Synopsis)

**Collision with Bicycle or Moped**
70 Unknown
71 Riding in Bikeway
72 Riding Outside of Bikeway
73 Riding in Road/No Bikeway
74 Riding off Roadway
75 Crossing Roadway
76 Fell In/On Roadway
77 Other (Specify in Synopsis)

**Collision with MV in Transport (Except Moped)**
80 Head On
81 Rear End
82 Sideswipe - Same Direction
83 Sideswipe - Opposite Direction
84 Angle - Same Direction
85 Angle - Opposite Direction
86 Angle - Not Specified
87 Broadside
88 Rear to Side
89 Rear to Rear
91 Rear to Front
90 Other (Specify in Synopsis)

**Collision with MV - Other**
100 MV in Other Roadway
101 Railway Vehicle (Train/ Engine)
102 Parked MV
103 Work Zone/Maintenance Equip.

**(31) Sequence of Events**

| # | Unit | Unit/0 | (31B) Action | # | Unit | Unit/0 | (31B) Action |
|---|---|---|---|---|---|---|---|
| 1 | 1 | 0 | 006 | | | | |
| 2 | 1 | 0 | 035 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

[1] Enter the Sequence Number of the FIRST HARMFUL EVENT (31C)

[2] Enter the Sequence Number of the MOST HARMFUL EVENT (31D)

| Officer's Rank and Name | Officer's ID Number | Date/Time | Supervisor's Rank and Name | Supervisor's ID Number | Date/Time |
|---|---|---|---|---|---|
| (PO2) BURKETT, CRISTA J | 15527 | | | | |

# STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT



Report Number: 21001484

## UNIT INFORMATION

| (32) Unit No. | (33) No. of Occ. |
|---|---|
| 1 | 1 |

**(34) Unit Class**

- [ ] Passenger Car (01)
- [ ] Passenger Van (02)
- [X] Pickup Truck (03)
- [ ] SUV/MPVH (04)
- [ ] Cargo Van < 10, 001 lbs (05)
- [ ] Other Truck < 10,001 lbs. (06)
- [ ] Truck > 10,000 lbs (07)
- [ ] Transit Bus (08)
- [ ] School Bus (09)
- [ ] Other Bus (10)
- [ ] Motorcycle (11)
- [ ] Motor Scooter (12)
- [ ] Moped (13)
- [ ] Bicycle (14)
- [ ] Pedestrian (15)
- [ ] Maint./Construct. Equipment (16)
- [ ] Farm Vehicle/Equipment (17)
- [ ] Motor Coach (18)
- [ ] Motor Home (19)
- [ ] Recreational Vehicle (20)
- [ ] Other (21)
- [ ] Unknown (22)

**(35) Race**

- [ ] White (01)
- [ ] Black (02)
- [ ] American Indian (03)
- [ ] Chinese (04)
- [ ] Japanese (05)
- [ ] Korean (06)
- [ ] Puerto Rican (07)
- [X] Hawaiian (08)
- [ ] Samoan (09)
- [ ] Tongan (10)
- [ ] Vietnamese (11)
- [ ] Filipino (12)
- [ ] Unknown (13)
- [ ] Other (14)

| (36) Last Name | (37) First Name | (38) MI | (39) Sex | (40) DOB |
|---|---|---|---|---|
| PONCE | GERALD | L | [X] M (01) [ ] F (02) | 02/13/1964 |

| (41) Street No. | (42) Street Name | (43) St,Pl,Blvd,Etc | (44) Apt/Suite Number |
|---|---|---|---|
| 18 | PONI | PL | A |

| (45) City | (46) State | (47) Zip Code | (48) Home Phone Number |
|---|---|---|---|
| PAIA | HI | 96779 | (808) 663-3324 |

**(49) Occupation**

- [ ] Unemployed (00)
- [ ] U.S. Army (01)
- [ ] U.S. Navy (02)
- [ ] U.S. Air Force (03)
- [ ] U.S. Marines (04)
- [ ] U.S. Coast Guard (05)
- [ ] Other Military (06)
- [ ] Fed. Govt. Civ. (07)
- [ ] State Govt. (08)
- [X] County Govt. (09)
- [ ] Foreign Govt/Civ. (10)
- [ ] Retired (11)
- [ ] Student - Elem. (12)
- [ ] Student - Inter. (13)
- [ ] Student - H.S. (14)
- [ ] Student - Col. (15)
- [ ] U.S. Tourist (16)
- [ ] Foreign Tourist (17)
- [ ] Police Officer (18)
- [ ] Other (19)
- [ ] Not Stated (20)

**(50) Employer/Company Name**

MAUI COUNTY WATER DEPT.

| (51) Work Phone Number | (52) Other Phone/Pager Number |
|---|---|
| (808) 870-8346 | (808) 633-3324 |

| (53) Driver's License # | (54)St/Juris | (55) Class | (56) Restrict. | (57) Endorse. |
|---|---|---|---|---|
| H00756222 | HI | 3 | NONE | NONE |

**(58) CDL Type**

- [X] Non-CDL (01)
- [ ] Non-CDL/Restricted (02)
- [ ] CDL (03)

**(59) Driver's License Status**

- [X] Valid (01)
- [ ] Not Licensed (02)
- [ ] Canceled (03)
- [ ] Denied (04)
- [ ] Expired (05)
- [ ] Revoked (06)
- [ ] Suspended (07)
- [ ] Provisional (08)
- [ ] Permit (09)
- [ ] Disqualified (CDL) (10)

**(85) SFST Given**

- [X] No (01)
- [ ] Refused (03)
- [ ] Yes (02)

**(86) Suspected Impairment**

- [ ] Alcohol (01)
- [ ] Both (03)
- [ ] Drug (02)
- [X] None (04)

| (60) Insurance Policy # | (61) Exp Date | (62) Insurance Carrier |
|---|---|---|
| 500103 | 12/05/2021 | SELF INSURED |

| (63) Registered Owner Name | (64) Phone Number |
|---|---|
| COUNTY OF MAUI. | |

| (65) Str. # | (66) Street Name | (67) St,Pl | (68) Ste. # |
|---|---|---|---|
| 614 | PALAPALA | DR | |

| (69) City | (70) State | (71) Zip Code |
|---|---|---|
| KAHULUI | HI | 96732 |

**(87) Alcohol Test Results**

| (87A) Status | (87B) Type | (87C) Results |
|---|---|---|
| [X] None (00) | [ ] Blood (01) | [ ] Value (01) |
| [ ] Refused (01) | [ ] Breath (02) | |
| [ ] Given (02) | [ ] Other (03) | [ ] Pending (02) |

**(88) Drug Test Results**

| (88A) Status | (88B) Type | (88C) Results |
|---|---|---|
| [X] None (00) | [ ] Blood (01) | [ ] Positive (01) |
| [ ] Refused (01) | [ ] Urine (02) | [ ] Negative (02) |
| [ ] Given (02) | [ ] Other (03) | [ ] Pending (03) |

**(72) Vehicle Body Type**

- [ ] 2-DSD (01)
- [ ] 2-DSW (04)
- [ ] SUV/MPVH (07)
- [ ] Bus (10)
- [ ] Moped (13)
- [ ] 4-DSD (02)
- [ ] 4-DSW (05)
- [ ] Van (08)
- [ ] PCMC (11)
- [ ] Bicycle (14)
- [ ] 2-DCV (03)
- [ ] P/U Truck (06)
- [X] Truck (09)
- [ ] M-Scooter (12)
- [ ] Other (15)

| (73) Vehicle Yr | (74) Veh. Color (Top/Btm) | (75) Vehicle Make | (76) Vehicle Model | (77) Lic. Plate No. | (79) Lic. Plate St. | (78) Trailer Plate |
|---|---|---|---|---|---|---|
| 2012 | WHITE | FORD (ALSO SEE ENGLISH, FRENCH. | F35 | CM2577 | HI | |

| (80) Vehicle VIN Number | (81) Emer. Veh. In Use | (82) Vehicle Stolen |
|---|---|---|
| 1FDBF3B69GEB54774 | [X] No (01) [ ] Yes (02) | [X] No (01) [ ] Yes (02) |

**(83) Special Use**

- [ ] None (00)
- [ ] Driver Trng. (01)
- [ ] Construct./Maint. (02)
- [ ] Taxi (03)
- [ ] Fire Truck (04)
- [ ] Tow Truck (05)
- [ ] Ambulance (06)
- [ ] Police-On Duty(07)
- [ ] Police-Off Duty (08)
- [ ] Military (09)
- [X] Government (10)
- [ ] Farm Use (11)
- [ ] U-Drive (12)
- [ ] School Bus (13)
- [ ] Other Bus (14)
- [ ] Other (15)

**(84) Trailer/Cargo Type**

- [X] None (00)
- [ ] Boat (01)
- [ ] Flatbed (02)
- [ ] Horse (03)
- [ ] Livestock (04)
- [ ] House (05)
- [ ] Van/Encl. Box (06)
- [ ] Dump (07)
- [ ] Veh. Tow Veh. (08)
- [ ] Other (09)
- [ ] N/A (10)

Officer's Initials

Supervisor's Initials

# STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT



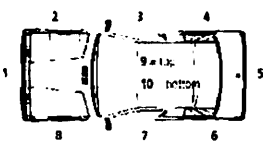
Report Number: 21001484

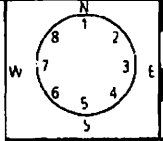
Unit No. 1

## UNIT INFORMATION (Cont.)

| (89) Citations | | (90) Est. Damages | (91) Extent of Damage | (91A) Towed | (92) Is this a CMV or other QUALIFYING Vehicle? |
|---|---|---|---|---|---|
| Citation Number | Offense Code (HRS/RO Section #) | [X] $3,000 or Greater (01)<br>[ ] Less than $3,000 (02) | [ ] None (00)<br>[ ] Minor (01)<br>[ ] Functional (02)<br>[X] Disabling (03) | [ ] No (01)<br>[X] Yes (02) | [X] No (01) [ ] Yes (02)<br>If yes, go to CMV SUPPLEMENT |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(93) Using the Diagram to the Right, Indicate Initial Impact Point in block below:




2 ① ② 3 4 5 6 7 8 9 10

| (94) Direction | |
|---|---|
| From | To |
| 5 | 1 |

| (95A) Object 1 Struck/Damage Descript. | (96A) Object 2 Struck/Damage Descript. |
|---|---|
| UTILITY POLE #25 | |
| **(95B) Object 1 Owner's Name** | **(96B) Object 2 Owner's Name** |
| MAUI ELECTRIC, ELECTRIC CO LTD. | |
| **(95C) Object 1 Owner's Phone Number** | **(96C) Object 2 Owner's Phone Number** |
| (808) 870-5203 | ( ) - |
| **(95D) Estimated Damages to Object 1** | **(96D) Estimated Damages to Object 2** |
| [X] $3,000 or Greater (01)<br>[ ] Less than $3,000 (02) | [ ] $3,000 or Greater (01)<br>[ ] Less than $3,000 (02) |

**(97) Motor Vehicle Maneuver/Action**

- [X] Straight Ahead (01)
- [ ] Changing Lanes (02)
- [ ] Merging (03)
- [ ] Overtaking/ Passing (04)
- [ ] Slowing/Stopping (05)
- [ ] Backing (06)
- [ ] Parking (07)
- [ ] Parked (08)
- [ ] Start from Parked (09)
- [ ] Stopped in Traffic (10)
- [ ] Start in Traffic (11)
- [ ] Right Turn on Red (12)
- [ ] Turning Right (13)
- [ ] Turning Left (14)
- [ ] U-Turn (15)
- [ ] Entering Traffic (16)
- [ ] Negotiating a Curve (17)
- [ ] Other (18)

**(98) Reason for Maneuver**

- [X] Intended Maneuver (01)
- [ ] Traffic Controls (02)
- [ ] Mechanical Failure (03)
- [ ] Avoid Other Vehicle (04)
- [ ] Avoid Pedestrian (05)
- [ ] Avoid Bicycle (06)
- [ ] Avoid Obj. / Animal (07)
- [ ] Avoid Prior MVA (08)
- [ ] Other (09)

**(99) Traffic Control Device Type**

- [X] No Controls (00)
- [ ] Traffic Signal (01)
- [ ] Stop Sign (02)
- [ ] Yield Sign (03)
- [ ] Flashing Red (04)
- [ ] Flashing Yellow (05)
- [ ] Person (06)
- [ ] School Zone Sign/Device (07)
- [ ] Warning Sign (08)
- [ ] Railway X-ing Device (09)
- [ ] Other (10)

**(100) Traffic Control Condition**

- [X] Not Applicable (00)
- [ ] Functioning Properly (01)
- [ ] Knocked Down (02)
- [ ] Obscured (03)
- [ ] Red Malfunction (04)
- [ ] Yellow Malfunction (05)
- [ ] Green Malfunction (06)
- [ ] Arrow Malfunction (07)
- [ ] Lights Not Changing (08)
- [ ] Other Malfunction (09)

**(101) Guidance/Pavement Markings**

| | Lft | Rgt |
|---|---|---|
| None (00) | [ ] | [ ] |
| Solid Yellow (01) | [ ] | [ ] |
| Skip-Dash Yellow (02) | [X] | [ ] |
| Solid White (03) | [ ] | [X] |
| Skip-Dash White (04) | [ ] | [ ] |
| Solid Double Yellow (05) | [ ] | [ ] |
| No Passing, Yellow (06) | [ ] | [ ] |
| Curb/Median, Etc. (07) | [ ] | [ ] |
| Bikeway Marking (08) | [ ] | [ ] |
| Crosswalk Marking (09) | [ ] | [ ] |
| Turn Lane (10) | [ ] | [ ] |

**(102) Delineator Present**

- [X] None (00)
- [ ] Right (01)
- [ ] Left (02)
- [ ] Both Sides (03)

**(103) Bikeway**

- [X] None (00)
- [ ] Bike Route (Signed) (01)
- [ ] Bike Lane Stripe (02)
- [ ] Separate Path/ Lane (03)

**(104) Vehicle Factors (Select Up to 2)**

- [X] None (00)
- [ ] Worn Tires (01)
- [ ] Tire Failure (02)
- [ ] Brakes (03)
- [ ] Headlights (04)
- [ ] Taillights (05)
- [ ] Signals (06)
- [ ] Steering (07)
- [ ] Suspension (08)
- [ ] Wheels (09)
- [ ] Power Train (10)
- [ ] Window/Windshld. (11)
- [ ] Mirrors (12)
- [ ] Wipers (13)
- [ ] Trailer Coupling (14)
- [ ] Other (15)

**(105) Vision Obstruction (Select up to 3)**

- [X] None (00)
- [ ] Trees/Brush/ Fence (01)
- [ ] Embankment (02)
- [ ] Building (03)
- [ ] Moving Vehicle (04)
- [ ] Parked/Stopped Vehicle (05)
- [ ] Glare (06)
- [ ] Weather Condition (07)
- [ ] Pedestrian (08)
- [ ] Animal(s) in Road (09)
- [ ] Other (10)

**(106) Human Factors (Select up to 3)**

- [ ] None (00)
- [ ] Inattention (01)
- [ ] Misjudgment (02)
- [X] Fatigue (03)
- [ ] Alcohol (04)
- [ ] Illegal Drugs (05)
- [ ] Illness (06)
- [ ] Legal Meds. (07)
- [ ] Emotional (08)
- [ ] Phys. Impaired (09)
- [ ] Other (10)

**(107) Driver Distracted By**

- [X] Not Distracted (00)
- [ ] Cellular Phone (01)
- [ ] Other Elect. Comm Device (02)
- [ ] Other Electronic Device (03)
- [ ] Other Inside Vehicle (04)
- [ ] Other Outside Vehicle (05)
- [ ] Other Occupant (06)

**(108) Other Factors (Select up to 4)**

- [ ] No Improper Action (00)
- [ ] Drove too Fast for Conditions (01)
- [ ] Exceed Posted Speed Limit (02)
- [ ] Disregard Trfc. Signal (03)
- [ ] Disregard Red Light (04)
- [ ] Disregard Other Trfc. Ctrl. Dev. (05)
- [ ] Failure to Yield (06)
- [ ] Wrong Side/Way (07)
- [ ] Crossed Centerline (08)
- [X] Ran Off Road (09)
- [ ] Failure to Keep in Proper Lane (10)
- [ ] Improper Turn (11)
- [ ] Improper Passing (12)
- [ ] Improper Backing (13)
- [ ] Followed too Closely (14)
- [ ] Aggressive, Reckless Driving (15)
- [ ] Swerved to Avoid Obstacle (16)
- [ ] Over Correcting or Over Steering (17)
- [ ] Other Improper Action (18)
- [ ] Illegally in Roadway (19)
- [ ] Improper Crossing (20)
- [ ] Pedestrian Viol (21)
- [ ] Inattention (Talking, Etc.) (22)
- [ ] Bicycle Violation (23)
- [ ] Clothing not Visible (24)

**(109) Roadway Comp.**

- [ ] Concrete (01)
- [X] Asphalt (02)
- [ ] Gravel (03)
- [ ] Dirt (04)
- [ ] Other (05)

**(110) Roadway Surface**

- [X] Dry (01)
- [ ] Wet (02)
- [ ] Mud, Dirt, Gravel (03)
- [ ] Debris (04)
- [ ] Oil (05)
- [ ] Snow (06)
- [ ] Slush (07)
- [ ] Ice/Frost (08)
- [ ] Water (09)
- [ ] Sand (10)
- [ ] Other (11)

**(111) Other Roadway Conditions (Select up to 3)**

- [X] None (00)
- [ ] Ruts, Holes, Etc. (01)
- [ ] No Shoulder (02)
- [ ] Low Shoulder (03)
- [ ] Soft Shoulder (04)
- [ ] High Shoulder (05)
- [ ] Loose Material (06)
- [ ] Worn, Polished (07)
- [ ] Other (08)

**(112) Roadway Alignment (Horizontal)**

- [X] Straight (01)
- [ ] Curve Left (02)
- [ ] Curve Right (03)

**(113) Roadway Alignment (Vertical)**

- [ ] Level (01)
- [ ] Hillcrest (02)
- [ ] Uphill (03)
- [X] Downhill (04)
- [ ] Sag (05)

| Officer's Rank and Name | Officer's ID Number | Date/Time | Supervisor's Rank and Name | Supervisor's ID # | Date/Time |
|---|---|---|---|---|---|
| (PO2) BURKETT, CRISTA J | 15527 | | | | |

# STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT



Report Number: 21001484

## DIAGRAM

**(114) Tire Skid Marks (feet)**

| Wheel | Unit 1 | Unit 2 | Unit 3 | Unit 4 |
|---|---|---|---|---|
| Rgt-R | | | | |
| Lft-F | | | | |
| Rgt-F | | | | |
| Lft-R | | | | |

**(115) REFERENCE POINT**

IS_____ (feet)_____ (direction)_____ (Object/Landmark)

ALL OBJECTS ARE MEASURED FROM POINT OF REFERENCE

| Object | N | S | E | W |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**(116) Intersection Related**

[X] No (01) [ ] Yes (02)

**(117) Main Road**

| (A) No. of Lanes | (B) Speed Limit |
|---|---|
| 2 | 20MPH |

**(118) Side Road**

| (A) No. of Lanes | (B) Speed Limit |
|---|---|
| | |

**(119) Indicate the Type of Intersection (Check one)**

[X] Not at Intersection (01) ["Y" Intersection (04) [ ] Roundabout (07)
[ ] 4-Way Intersection (02) [ ] Part of Interchange (05) [ ] 5 (or more legs) Intersection (08)
[ ] "T" Intersection (03) [ ] Traffic Circle (06) [ ] Other (09)

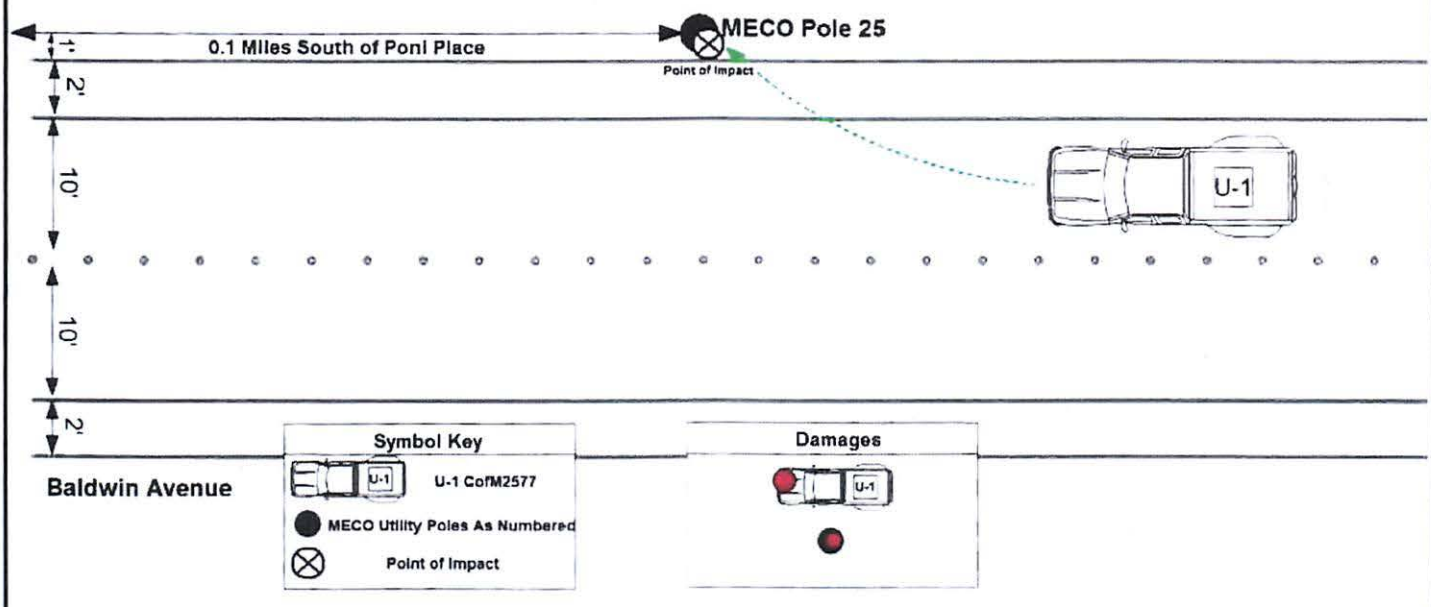
Place an arrow in the above circle to indicate North.

Draw Object, Directions, Etc. According to Current Practices.

NOT TO SCALE

**MVA Auto / Fixed (Major) 21-001484**

Sketh by Ofc. Shane A. HERNANDEZ E#15485




**Synopsis (Accident Description. Refer to units by #):**

Unit 1 traveling North bound on Baldwin Avenue veered onto the East sidewalk area fronting 287 Baldwin Avenue, Paia, colliding into utility pole 25. No injuries were observed or completed on. Damages are estimated over $3,000. Refer to continuation.

| Officer's Rank and Name | Officer's ID Number | Date/Time | Supervisor's Rank and Name | Supervisor's ID # | Date/Time |
|---|---|---|---|---|---|
| (PO2) BURKETT, CRISTA J | 15527 | | | | |

# STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT



Report Number: 21001484

## (120) ALL PERSONS

**E - Ejection**
00 Not Ejected
01 Ejected, Total
02 Ejected, Partial
03 N/A Non-motorist
04 Unknown

**F-Safety Equipment Use**
00 Not Present
01 Not Used
02 Shoulder/Lap Belt Used
03 Lap Belt Only Used
04 Shoulder Belt Only Used
05 Not Able To Determine
06 Child Restraint (Forward)
07 Child Restraint (Rear)
08 Booster Seat
09 Child Restr. (Unk. Type)
10 Child Restr. (Improper)
11 Helmet Used
12 N/A (Non-motorist)
13 Unknown

**G - Air Bag Deployed**
00 Not Present
01 Not Deployed
02 Deployed - Front
03 Deployed - Side
04 Deployed - Other
05 Deployed - Combination
06 Deployed - Curtain

**H - Injury Class**
00 None (O)
01 Possible Injury (C)
02 Suspected Minor Injury (B)
03 Suspected Serious Injury (A)
04 Fatal Injury (K)
05 Unknown

**I - Injury Area**
00 None
01 Head
02 Face
03 Eye
04 Neck
05 Thorax (Chest)
06 Spine/Back
07 Shoulder/Upper Arm
08 Elbow/Lower Arm/Hand
09 Abdomen/Pelvis
10 Hip/Upper Leg
11 Knee/Lower Leg/Foot
12 Entire Body

**J-Accident Site Care**
00 None
01 First Aid
02 Resuscitation
03 Extrication
04 Both 1 & 2
05 Both 1 & 3
06 Both 2 & 3
07 Other
08 Refused

**K - Trans. to Med. Facility**
00 Not Transported
01 EMS
02 Police
03 Helicopter
04 Private Vehicle
05 Other

**L - Medical Facility**

**Hawaii County**
01 Hilo Medical Center
02 Kona Hospital
03 Kau Hospital
04 Kohala Hospital
05 Honokaa Hospital
06 N. Hawaii Comm. Hosp.

**Maui County**
07 Kula General Hospital
08 Maui Mem. Med. Ctr.
09 Kaiser Clinic
10 Hana Clinic
31 West Maui Hospital

**Molokai/Lanai**
11 Molokai Gen. Hosp.
12 Lanai Comm. Hosp.

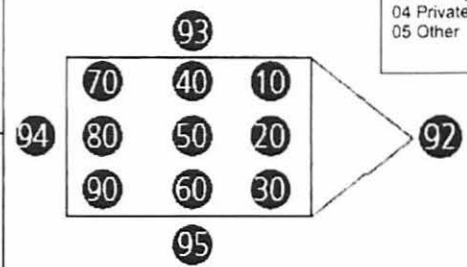
**Kauai County**
13 Wilcox Mem. Hospital
14 Kauai Vet. Memorial Hospital
32 Mahelona Med. Ctr.

**C&C Honolulu**
15 Castle Medical Center
16 Shriner's Hosp. for Children
17 Kahuku Hospital
18 Kaiser Permanente
19 Kaiser Clinic - Honolulu

**C&C Honolulu (cont.)**
20 Kaneohe State Hospital
21 Kapiolani Medical Ctr.
22 Pali Momi Med. Ctr.
23 Kuakini Med. Ctr.
25 Queen's Med. Ctr. West
26 Queen's Medical Center
27 Straub Clinic & Hosp.
28 Tripler Army Med. Ctr.
29 Wahiawa General Hospital
30 Waianae Comp. Ctr.

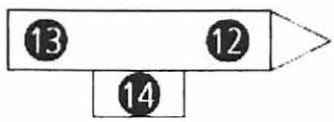
99 Other

**B - Position in Unit**




Motor Vehicle
For lap positions use 1 in place of 0

Motorcycle/Moped/Bicycle




Pecestrian

15

**M - Condition**
01 Refused Treatment
02 Released
03 Good, Fair
04 Serious, Guarded
05 Critical
06 Dead on Arrival
07 Dead Other

| Name and Address | A Unit | B Posit. | C Age | D Sex | E Eject | F Safety | G Air Bag | H Injury | I Area | J Care | K Trans | L Hosp. | M Cond. | N EMS No. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PONCE, GERALD L | 1 | 10 | 56 | M | 00 | 02 | 01 | 00 | 00 | 00 | | | | |
| | | | | | | | | | | | | | | |
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| Officer's Rank and Name | Officer's ID Number | Date/Time | Supervisor's Rank and Name | Supervisor's ID # | Date/Time |
|---|---|---|---|---|---|
| (PO2) BURKETT, CRISTA J | 15527 | | | | |

# STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT



## Narrative

Officer Crista BURKETT
D1, Beat 30, Paia Sector
Wailuku Patrol Division

ASSIGNMENT/ARRIVAL:

On 01/13/2021 at about 0253 hours, I was assigned by Dispatch to the area of 287 Baldwin Avenue, Paia for a Motor Vehicle Collision type case. Dispatch advised that a single vehicle had struck a utility pole.

At about 0255 hours, I arrived at the above location and the following transpired.

OFFICER'S OBSERVATIONS/ACTIONS:

Upon arrival, I observed Unit 1 on the East sidewalk fronting 287 Baldwin Avenue, Paia with heavy front end damages and partially blocking the North bound lane. Pole 25 and its support pole were completely severed and being held up by telephone lines. The electric and telephone lines were intact. A male, later identified as Gerald PONCE (herein referred to as PONCE) was observed standing by the driver side door. I obtained the following statement.

UNIT 1 OPERATOR STATEMENT: Gerald PONCE

The following statement was obtained on 01/13/2021 at about 0257 hours on the roadway fronting 287 Baldwin Avenue, Paia.

PONCE stated he had just finished a late shift in Makawao and was traveling North bound on Baldwin Avenue when he fell asleep. PONCE woke up as he collided with Pole 25 on the East sidewalk fronting 287 Baldwin Avenue, Paia. PONCE stated he was not injured as a result of the collision.

PONCE advised his supervisor was arranging a tow and Campos would be responding shortly for his vehicle.

Nothing further to add.

UNIT 1 DAMAGES.

Unit 1 sustained heavy front end damages and a possible broken front axle as a result of this incident. Damages estimated over $3,000.

OBJECT 1 DAMAGES:

Pole 25 and its support pole were completely severed. Damages are estimated over $3,000.

TOW:

PONCE arranged his own tow for Unit 1 with Campos. On 01/13/21 at about 0338 hours, Campos responded and removed the vehicle.

SKETCH:

Refer to attached sketch.

DISPOSITION:

Closed/cleared.

| Officer's Rank and Name | Officer's ID Number | Date/Time | Supervisor's Rank and Name | Supervisor's ID # | Date/Time |
|---|---|---|---|---|---|
| (PO2) BURKETT, CRISTA J | 15527 | | | | |

# STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT



## Narrative

Submitted by,
Officer Crista BURKETT 01/13/2021 @ 0440 hours

| Officer's Rank and Name | Officer's ID Number | Date/Time | Supervisor's Rank and Name | Supervisor's ID # | Date/Time |
|---|---|---|---|---|---|
| (PO2) BURKETT, CRISTA J | 15527 | | | | |

December 13, 2022

County of Maui
200 S. High St.
Wailuku, HI 96793


From: Bernadette Lavallee
Department: Claims Department
Phone: (808) 543-4667
email: bernadette.lavallee@hawaiianelectric.com (preferred contact)


---

Please find demand below and support attached.

Expenses incurred by Maui Electric Company to repair a damaged pole on Baldwin Ave. Motor Vehicle Accident. Police report #21-001484. Maui Electric Claim 20210113-16-1.

Date of occurrence: January 13, 2021
Driver: Gerald Ponce
John Mullen Claim No.: 4080380

---

CLAIM NO. 20210113-16-1
WORKORDER NO. 6053429
DATE OF LOSS 1/13/2021

| | | |
|---|---|---|
| LABOR | $ | 2,483.78 |
| OUTSIDE SERVICES | | 2,252.55 |
| MATERIAL | | 1,270.27 |
| OVERHEADS | | 4,325.35 |
| SUBTOTAL | | 10,331.95 |
| LESS DEPRECIATION CREDIT | | (22.01) |
| **TOTAL** | **$** | **10,309.94** |

Please remit payment to:

Hawaiian Electric Company
Claims Department (AT11-ND)
PO BOX 2750
Honolulu, HI 96840

***Also enclosed please find written documentation supporting our claim. Please note that certain information has been redacted, as the Companies are required to protect the confidentiality of unit cost and pricing information, because if the information is publicly disclosed it could cause competitive harm to the Companies or its third-party vendors and lead to increased costs for the Companies and its customers.***

---

Hawaiian Electric

| LABOR | HOURS | | |
|---|---|---|---|
| EMPLOYEE | 4 | | |
| EMPLOYEE | 8 | | |
| EMPLOYEE | 8 | | |
| EMPLOYEE | 8 | | |
| EMPLOYEE | 8 | | |
| EMPLOYEE | 3 | | |
| TOTAL LABOR | 39 | $ | 2,483.78 |

| MATERIALS | QUANTITY | | AMOUNT |
|---|---|---|---|
| INSULATOR_27KV_POST_12KV APL | 3 | | |
| XARM_WD_2 STL PIN_3-3/4"X5-3/4"X 8' | 1 | | |
| BARRIER_TERMITE_17"X8' SS MESH | 1 | | |
| POLE_ WD_ 40'_ CLASS 3 | 1 | | |
| TOTAL MATERIALS | | $ | 1,270.27 |

| OVERHEADS | | |
|---|---|---|
| PAYROLL TAX | $ | 211.71 |
| NON-PRODUCTIVE WAGES | | 287.82 |
| EMPLOYEE BENEFITS | | 882.18 |
| CORP ADMIN | | 1,196.91 |
| FLEET | | 708.24 |
| ENERGY DELIVERY | | 564.19 |
| ITS | | 371.67 |
| STORES | | 102.63 |
| TOTAL OVERHEADS | $ | 4,325.35 |

Section 269-32, Hawaii Revised Statutes:

"Injury to Public Utility Property. Any person who injures or destroys through want of proper care, any necessary or useful facility, equipment or property of any public utility shall be liable to the public utility for all damages sustained thereby. The measure of damages to the facility, equipment or property injured or destroyed shall be the cost to repair or replace the property injured or destroyed including direct and allocated costs for labor, materials, supervision, supplies, tools, taxes, transportation, administrative and general expense and other indirect or overhead expenses, less credit, if any, for salvage. The specifying of the measure of damages for the facility, equipment or property shall not preclude the recovery of such other damages occasioned thereby as may be authorized by law."

# invoice

'āinaexcavation

483 east uahi way wailuku, hi 96793
ph: 808.877.0155 fax: 808.242.0781
email: aina@ainaexcavation.com

**invoice #:** 020940
**date:** 3/26/2021
**work order #:** 6053429
**start date:** 3/26/2021
**end date:** 3/26/2021
**job #** 0221-3

**bill to:**

MAUI ELECTRIC CO., LTD.
P.O. BOX 2750
HONOLULU, HI 96840
Attention: ACCOUNTS PAYABLE

| auth. / purchase order | requisitioner | location | project |
|---|---|---|---|
| 4500078751 | [redacted] | E25 BALDWIN AVE | DIG POLE HOLE |

| description | extn. |
|---|---|
| PROVIDED EQUIPMENT AND LABOR TO DIG AND COVER FOR SAFETY ONE (1) 45' POLE HOLE. | 1,794.22 |
| **subtotal** | $1,794.22 |
| **sales tax 4.166...** | $0.00 |
| thank you for your business. **total** | **$1,794.22** |

Naauao Traffic Control LLC
P.O. Box 697
Wailuku, HI 96793

# Invoice

| Date | Invoice No. |
|---|---|
| 01/18/21 | 6272 |

Bill To:
Hawaiian Electric Company
Attention: Accounts Payable
PO BOX 2750
Honolulu, HI 96840-0001

| PO # |
|---|
| 4500076495 |

| Job Number | Date Of Service |
|---|---|
| 6053429 | 1/13/2021 |
| Location | Foreman |
| Baldwin Ave | [redacted] |

| Description | Qty | Rate | Amount |
|---|---|---|---|
| Traffic Control Set-Up and Break Down, Traffic Monitoring, Flag Man | [redacted] | | 220.00 |
| Traffic Control Set-Up and Break Down, Traffic Monitoring, Flag Man | | | 220.00 |

Crew: [redacted]

Called by Kekoa

| | |
|---|---|
| Sales Tax (4.167%) | $18.33 |
| Grand Total | $458.33 |

RISK 2022-0863

**NOTARY:** State of Hawaii;
City & County of Honolulu; SS

On this 10th day of January, 2023, before me appeared

Shani Leah Montes who is known to be the

person(s) names herein and who voluntarily executed this release.

Marsha C. H. Ono — Notary Signature

10/24/2023 — Date Commission Expires

NOTARY CERTIFICATION
(Hawaii Administrative Rule § 5-11-8)

Document Identification or Description: Release of Property Damage Claim

Date of Document: 01/10/23 No. of Pages: 02 First Circuit
(Jurisdiction of notarial act)

Marsha C. H. Ono
Signature of Notary

Marsha C. H. Ono
Type or Print Name of Notary

01/10/2023
Date of Notary Certificate

(Official Stamp or Seal)

RISK 2022-0863

# RELEASE OF PROPERTY DAMAGE CLAIM

Maui Electric Company, their heirs, assigns and successors, thereby release and forever discharge the County of Maui, its officers, employees and agents, from all causes of action, and agree to withdraw, dismiss or refrain from filing any claim, complaint, charge or appeal against the County of Maui with any court, government board, agency, department or entity concerning the incidents, occurrences or losses involving your property, including but not limited to an electric pole and electrical lines located at 287 Baldwin Avenue, on January 13, 2021 in Paia, in the State of Hawaii.

In consideration of this release of property damage claim, County of Maui agrees to pay **ten thousand three hundred nine and 94/100 dollars** ($10,309.94) as full and final release and satisfaction of the property damage claim brought by Maui Electric Company against the County of Maui.

It is hereby expressly understood and agreed that the payment or granting of the consideration described above is not an admission of liability or fault of any kind, but compromises and settles all property damage disputes between the parties for the purpose of avoiding further litigation or expense. Said payment is the final consideration of this Property Damage Release, and no other payment or consideration has been promised or will be paid for this property damage claim. This release is for property damage only.

This release is non-binding pending County of Maui approval. Each party to this agreement agrees to bear their own costs and attorney's fees.

Signed this 10 day of January 2023.

SIGNATURE

Shani Leah Montes

PRINTED NAME OF SIGNER & TITLE