

RICHARD T. BISSEN, JR.
Mayor

VICTORIA J. TAKAYESU
Acting Corporation
Counsel

SONYA TOMA
First Deputy

LYDIA A. TODA
Risk Management Officer



RECEIVED

2023 FEB -6 AM 9:34

OFFICE OF THE
COUNTY CLERK

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,

A handwritten signature in black ink, appearing to read "B. Sova".

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 Lavalée, 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,

A handwritten signature in black ink that reads "Kathy L. Kaohu".

KATHY L. KAOHU
County Clerk

Attachment

cc: Mayor
Corporation Counsel
Council Chair

/djy

COUNTY OF MAUI
CLAIM FOR DAMAGE OR INJURY

RECEIVED
2022 DEC 12 PM 2:58

PLEASE PRINT CLEARLY

1. Claimant: Mr. ☐ Mrs. ☐ Ms. ☐ Hawaiian Electric Company, Inc. (POC: Bernadette Lavallee) OFFICE OF THE
COUNTY CLERK
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**

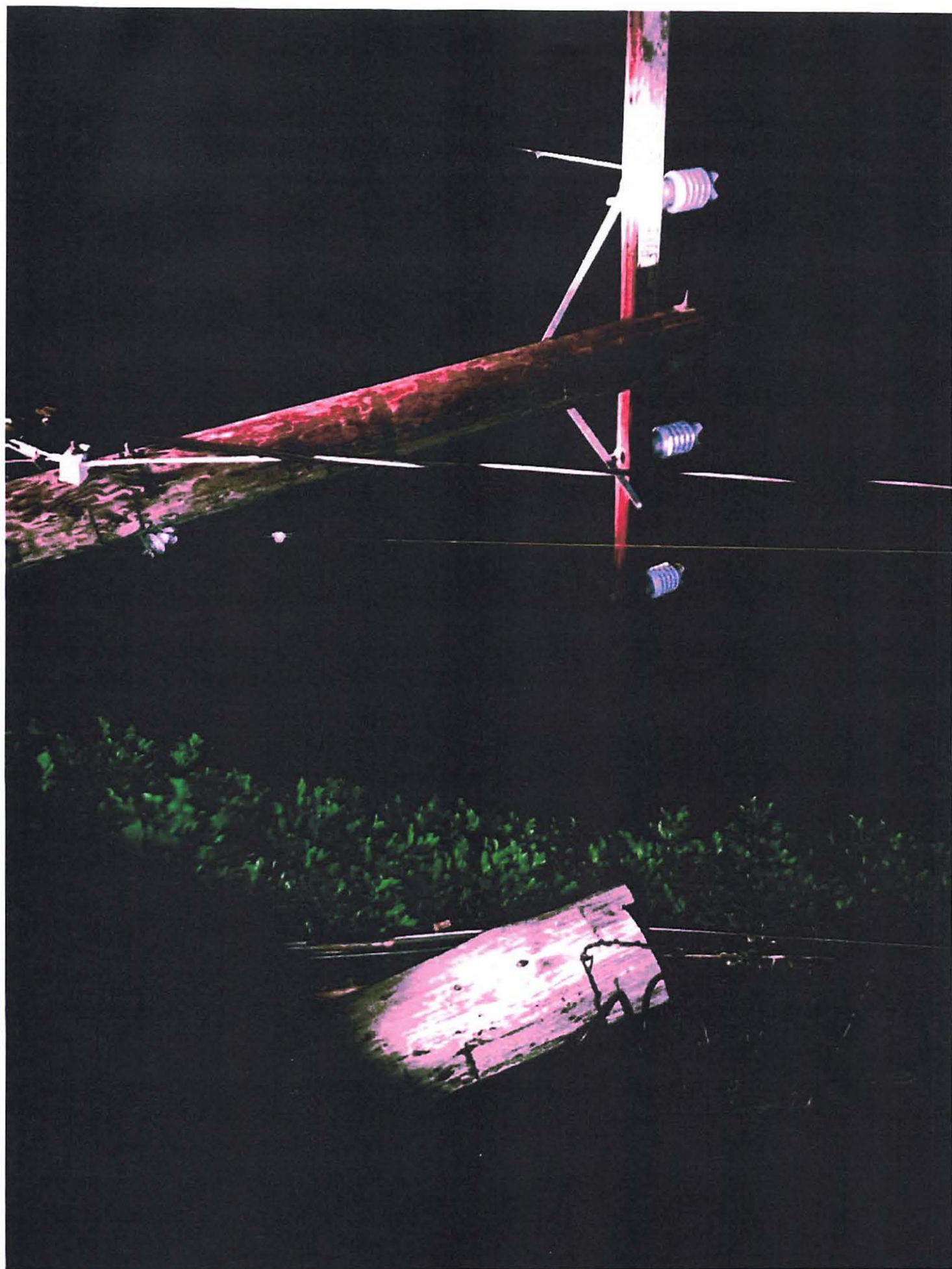
1. Claims for property damage or personal injury must be signed by the property owner or the injured person. The person signing must be over 18 years of age. If a duly authorized agent or representative signs on behalf of a claimant, evidence establishing the authority to act must be attached.
2. For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

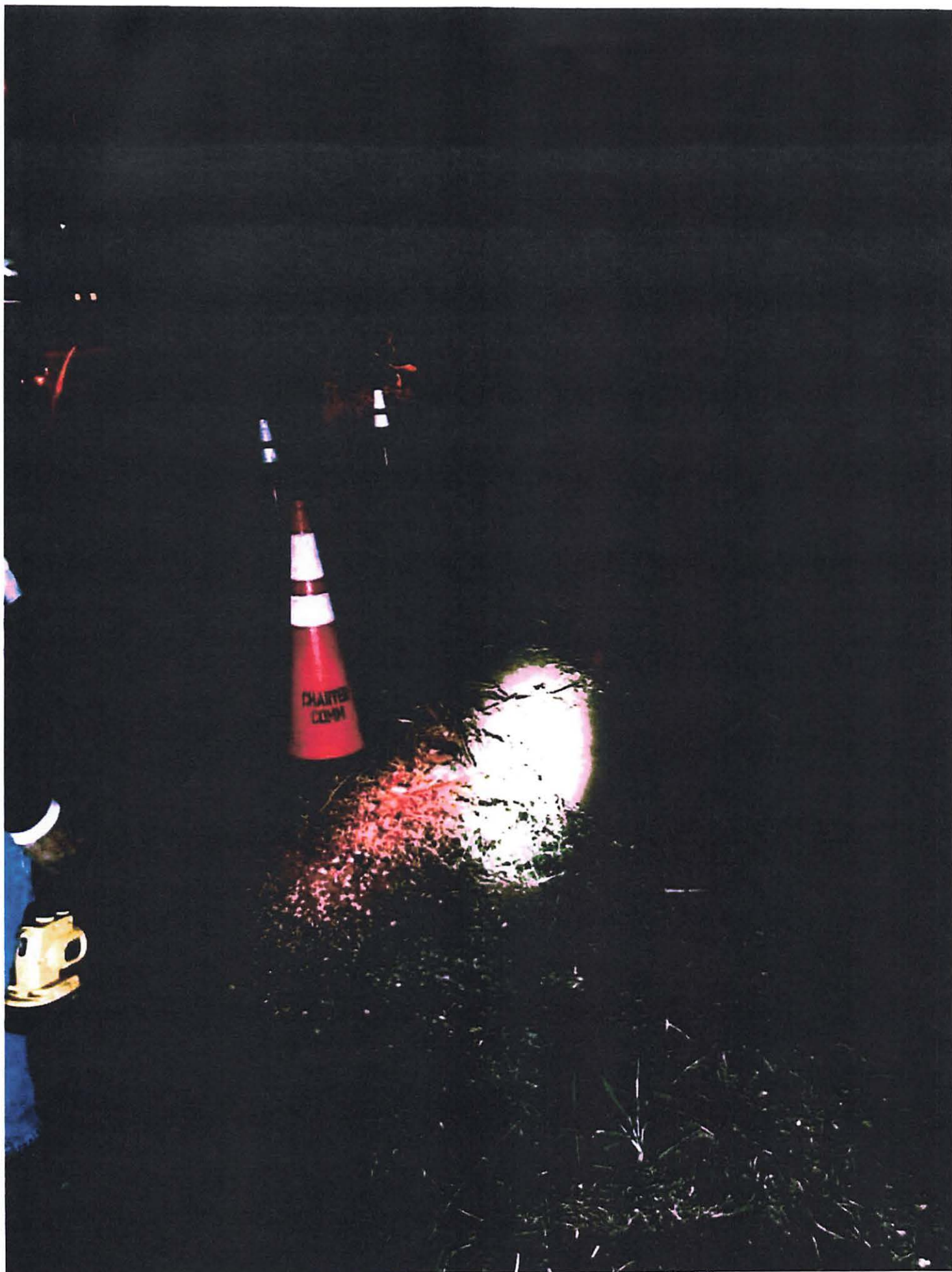
OFFICE OF THE COUNTY CLERK
COUNTY OF MAUI
200 SOUTH HIGH STREET, ROOM 708
WAILUKU, HAWAII 96793











STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Page 2 of 7 DOT-1-174B (HWY-T) Rev. 8/18

Report Number: 21001484

| (32) Unit No. 1 | | (33) No. of Occ. 1 | | UNIT INFORMATION | | | |
|---|------------------------------------|---|--|--|--|--|-----------------------------|
| (34) Unit Class | | | | (35) Race | | | |
| <input type="checkbox"/> Passenger Car (01) <input type="checkbox"/> Passenger Van (02) <input checked="" type="checkbox"/> Pickup Truck (03) <input type="checkbox"/> SUV/MPVH (04) <input type="checkbox"/> Cargo Van < 10,001 lbs (05) <input type="checkbox"/> Other Truck < 10,001 lbs (06) <input type="checkbox"/> Truck > 10,000 lbs (07) <input type="checkbox"/> Transit Bus (08) | | <input type="checkbox"/> School Bus (09) <input type="checkbox"/> Other Bus (10) <input type="checkbox"/> Motorcycle (11) <input type="checkbox"/> Motor Scooter (12) <input type="checkbox"/> Moped (13) <input type="checkbox"/> Bicycle (14) <input type="checkbox"/> Pedestrian (15) <input type="checkbox"/> Maint./Construct. Equipment (16) | | <input type="checkbox"/> Farm Vehicle/Equipment (17) <input type="checkbox"/> Motor Coach (18) <input type="checkbox"/> Motor Home (19) <input type="checkbox"/> Recreational Vehicle (20) <input type="checkbox"/> Other (21) <input type="checkbox"/> Unknown (22) | | <input type="checkbox"/> White (01) <input type="checkbox"/> Black (02) <input type="checkbox"/> American Indian (03) <input type="checkbox"/> Chinese (04) <input type="checkbox"/> Japanese (05) <input type="checkbox"/> Korean (06) <input type="checkbox"/> Puerto Rican (07) | |
| | | | | <input checked="" type="checkbox"/> Hawaiian (08) <input type="checkbox"/> Samoan (09) <input type="checkbox"/> Tongan (10) <input type="checkbox"/> Vietnamese (11) <input type="checkbox"/> Filipino (12) <input type="checkbox"/> Unknown (13) <input type="checkbox"/> Other (14) | | | |
| (36) Last Name PONCE | | (37) First Name GERALD | | (38) MI L | (39) Sex <input checked="" type="checkbox"/> M (01) <input type="checkbox"/> F (02) | | (40) DOB 02/13/1964 |
| (41) Street No. 18 | | (42) Street Name PONI | | | (43) St./Pl./Blvd./Etc. PL | | (44) Apt./Suite Number A |
| (45) City PAIA | | (46) State HI | | (47) Zip Code 96779 | | (48) Home Phone Number (808) 663-3324 | |
| (49) Occupation | | | | (50) Employer/Company Name | | | |
| <input type="checkbox"/> Unemployed (00) <input type="checkbox"/> Fed. Govt. Civ. (07) <input type="checkbox"/> Student - H.S. (14) <input type="checkbox"/> U.S. Army (01) <input type="checkbox"/> State Govt. (08) <input type="checkbox"/> Student - Col. (15) <input type="checkbox"/> U.S. Navy (02) <input checked="" type="checkbox"/> County Govt. (09) <input type="checkbox"/> U.S. Tourist (16) <input type="checkbox"/> U.S. Air Force (03) <input type="checkbox"/> Foreign Govt./Civ. (10) <input type="checkbox"/> Foreign Tourist (17) <input type="checkbox"/> U.S. Marines (04) <input type="checkbox"/> Retired (11) <input type="checkbox"/> Police Officer (18) <input type="checkbox"/> U.S. Coast Guard (05) <input type="checkbox"/> Student - Elem. (12) <input type="checkbox"/> Other (19) <input type="checkbox"/> Other Military (06) <input type="checkbox"/> Student - Inter. (13) <input type="checkbox"/> Not Stated (20) | | | | MAUI COUNTY WATER DEPT. (51) Work Phone Number: (808) 870-8346 (52) Other Phone/Pager Number: (808) 633-3324 (53) Driver's License #: H00756222 (54) St./Juris: HI (55) Class: 3 (56) Restrict: NONE (57) Endorse: NONE (58) CDL Type: <input checked="" type="checkbox"/> Non-CDL (01) <input type="checkbox"/> Non-CDL/Restricted (02) <input type="checkbox"/> CDL (03) (59) Driver's License Status: <input checked="" type="checkbox"/> Valid (01) <input type="checkbox"/> Expired (05) <input type="checkbox"/> Permit (09) <input type="checkbox"/> Not Licensed (02) <input type="checkbox"/> Revoked (06) <input type="checkbox"/> Disqualified (CDL) (10) <input type="checkbox"/> Canceled (03) <input type="checkbox"/> Suspended (07) <input type="checkbox"/> Denied (04) <input type="checkbox"/> Provisional (08) | | | |
| (85) SFST Given <input checked="" type="checkbox"/> No (01) <input type="checkbox"/> Refused (03) <input type="checkbox"/> Yes (02) | | (86) Suspected Impairment <input type="checkbox"/> Alcohol (01) <input type="checkbox"/> Both (03) <input type="checkbox"/> Drug (02) <input checked="" type="checkbox"/> None (04) | | (60) Insurance Policy # 500103 | | (61) Exp Date 12/05/2021 | |
| (87) Alcohol Test Results | | | | (62) Insurance Carrier SELF INSURED | | | |
| (87A) Status <input checked="" type="checkbox"/> None (00) <input type="checkbox"/> Refused (01) <input type="checkbox"/> Given (02) | | (87B) Type <input type="checkbox"/> Blood (01) <input type="checkbox"/> Breath (02) <input type="checkbox"/> Other (03) | | (87C) Results <input type="checkbox"/> Value (01) <div style="border: 1px solid black; height: 20px; width: 100px;"></div> <input type="checkbox"/> Pending (02) | | (63) Registered Owner Name COUNTY OF MAUI. | |
| (88) Drug Test Results | | | | (64) Phone Number | | | |
| (88A) Status <input checked="" type="checkbox"/> None (00) <input type="checkbox"/> Refused (01) <input type="checkbox"/> Given (02) | | (88B) Type <input type="checkbox"/> Blood (01) <input type="checkbox"/> Urine (02) <input type="checkbox"/> Other (03) | | (88C) Results <input type="checkbox"/> Positive (01) <input type="checkbox"/> Negative (02) <input type="checkbox"/> Pending (03) | | (65) Str. # 614 | |
| (66) Street Name PALAPALA | | | | (67) St./Pl. DR | | (68) Ste. # | |
| (69) City KAHULUI | | | | (70) State HI | | (71) Zip Code 96732 | |
| (72) Vehicle Body Type | | | | | | | |
| <input type="checkbox"/> 2-DSO (01) <input type="checkbox"/> 2-DSW (04) <input type="checkbox"/> SUV/MPVH (07) <input type="checkbox"/> Bus (10) <input type="checkbox"/> Moped (13) <input type="checkbox"/> 4-DSO (02) <input type="checkbox"/> 4-DSW (05) <input type="checkbox"/> Van (08) <input type="checkbox"/> PCMC (11) <input type="checkbox"/> Bicycle (14) <input type="checkbox"/> 2-DCV (03) <input type="checkbox"/> P/U Truck (06) <input checked="" type="checkbox"/> Truck (09) <input type="checkbox"/> M-Scooter (12) <input type="checkbox"/> Other (15) | | | | | | | |
| (73) Vehicle Yr 2012 | (74) Veh. Color (Top/Btm) WHITE | (75) Vehicle Make FORD (ALSO SEE ENGLISH, FRENCH) | | (76) Vehicle Model F35 | (77) Lic. Plate No. CM2577 | (79) Lic. Plate St. HI | (78) Trailer Plate |
| (80) Vehicle VIN Number 1FDBF3B69GEB54774 | | | | (81) Emer. Veh. In Use <input checked="" type="checkbox"/> No (01) <input type="checkbox"/> Yes (02) | | (82) Vehicle Stolen <input checked="" type="checkbox"/> No (01) <input type="checkbox"/> Yes (02) | |
| (83) Special Use | | | | (84) Trailer/Cargo Type | | | |
| <input type="checkbox"/> None (00) <input type="checkbox"/> Fire Truck (04) <input type="checkbox"/> Police-Off Duty (08) <input type="checkbox"/> U-Drive (12) <input type="checkbox"/> Driver Trng. (01) <input type="checkbox"/> Tow Truck (05) <input type="checkbox"/> Military (09) <input type="checkbox"/> School Bus (13) <input type="checkbox"/> Construct./Maint. (02) <input type="checkbox"/> Ambulance (06) <input checked="" type="checkbox"/> Government (10) <input type="checkbox"/> Other Bus (14) <input type="checkbox"/> Taxi (03) <input type="checkbox"/> Police-On Duty (07) <input type="checkbox"/> Farm Use (11) <input type="checkbox"/> Other (15) | | | | <input checked="" type="checkbox"/> None (00) <input type="checkbox"/> Livestock (04) <input type="checkbox"/> Veh. Tow Veh. (08) <input type="checkbox"/> Boat (01) <input type="checkbox"/> House (05) <input type="checkbox"/> Other (09) <input type="checkbox"/> Flatbed (02) <input type="checkbox"/> Van/Encl. Box (06) <input type="checkbox"/> N/A (10) <input type="checkbox"/> Horse (03) <input type="checkbox"/> Dump (07) | | | |

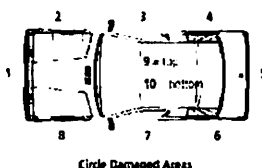
Officer's Initials:

Supervisor's Initials:

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Page 3 of 7 DOT-1-174C (HWY-T) Rev. 8/18

Report Number: 21001484

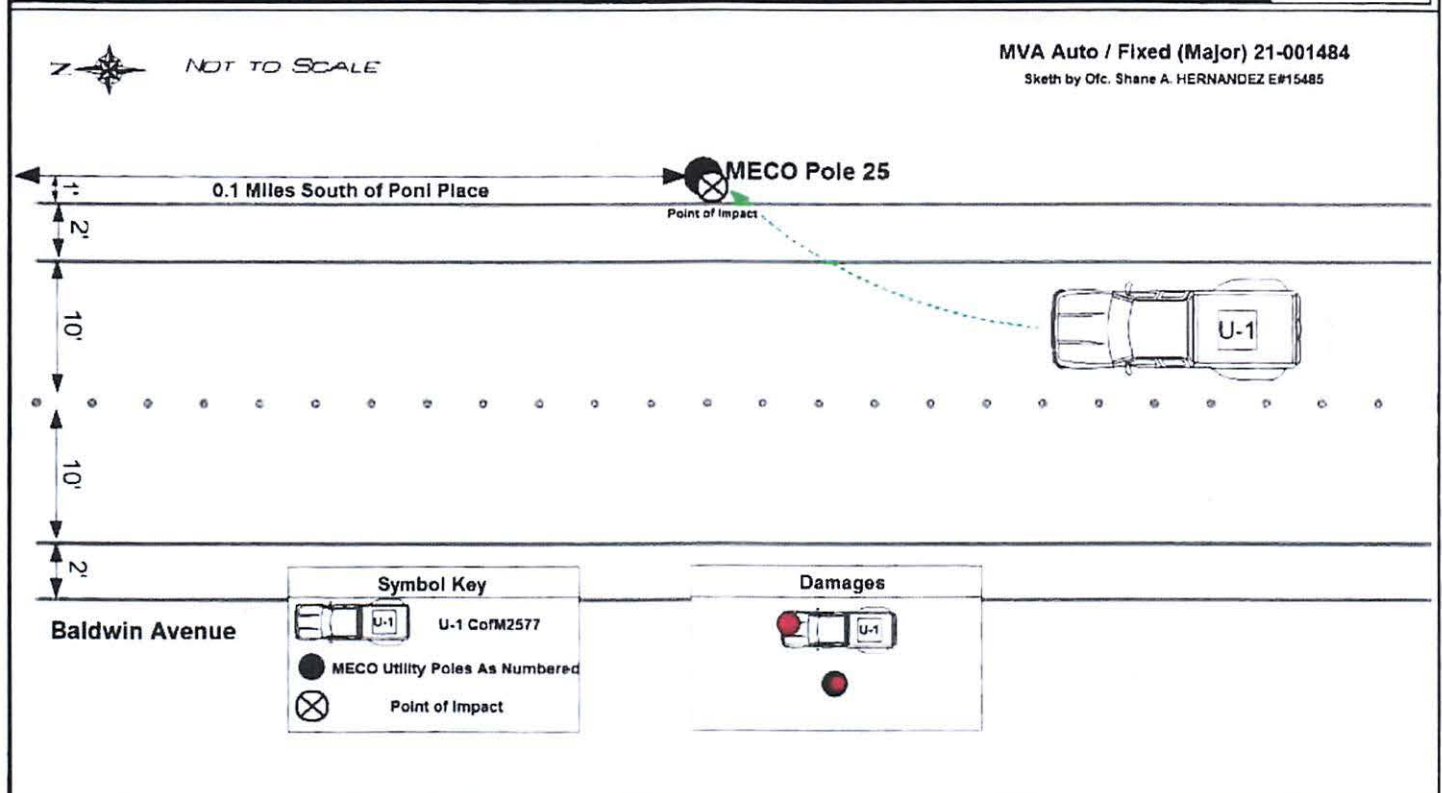
| Unit No. 1 | | UNIT INFORMATION (Cont.) | | | | | | | | | | | | | | | | | |
|---|---------------------------------|--|--|---|--|---|--|---|--|--|--|--|--|--|---|--|--|--|--|
| (89) Citations | | (90) Est. Damages | | (91) Extent of Damage | | (91A) Towed | | (92) Is this a CMV or other QUALIFYING Vehicle? | | | | | | | | | | | |
| Citation Number | Offense Code (HRS/RO Section #) | <input checked="" type="checkbox"/> \$3,000 or Greater (01) <input type="checkbox"/> Less than \$3,000 (02) | | <input type="checkbox"/> None (00) <input type="checkbox"/> Minor (01) <input type="checkbox"/> Functional (02) <input checked="" type="checkbox"/> Disabling (03) | | <input type="checkbox"/> No (01) <input checked="" type="checkbox"/> Yes (02) | | <input checked="" type="checkbox"/> No (01) <input type="checkbox"/> Yes (02) If yes, go to CMV SUPPLEMENT | | | | | | | | | | | |
| | | (95A) Object 1 Struck/Damage Descript. | | | | (96A) Object 2 Struck/Damage Descript. | | | | | | | | | | | | | |
| | | UTILITY POLE #25 | | | | | | | | | | | | | | | | | |
| (93) Using the Diagram to the Right, Indicate Initial Impact Point in block below:  | | (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 | | | | ()- | | | | | | | | | | | | | |
| (94) Direction From 5 To 1 | | (95D) Estimated Damages to Object 1 | | | | (96D) Estimated Damages to Object 2 | | | | | | | | | | | | | |
| | | <input checked="" type="checkbox"/> \$3,000 or Greater (01) <input type="checkbox"/> Less than \$3,000 (02) | | | | <input type="checkbox"/> \$3,000 or Greater (01) <input type="checkbox"/> Less than \$3,000 (02) | | | | | | | | | | | | | |
| (97) Motor Vehicle Maneuver/Action | | | | | (98) Reason for Maneuver | | | | | (99) Traffic Control Device Type | | | | | | | | | |
| <input checked="" type="checkbox"/> Straight Ahead (01) <input type="checkbox"/> Parking (07) <input type="checkbox"/> Turning Left (14) <input type="checkbox"/> Changing Lanes (02) <input type="checkbox"/> Parked (08) <input type="checkbox"/> U-Turn (15) <input type="checkbox"/> Merging (03) <input type="checkbox"/> Start from Parked (09) <input type="checkbox"/> Entering Traffic (16) <input type="checkbox"/> Overtaking/Passing (04) <input type="checkbox"/> Stopped in Traffic (10) <input type="checkbox"/> Negotiating a Curve (17) <input type="checkbox"/> Slowing/Stopping (05) <input type="checkbox"/> Start in Traffic (11) <input type="checkbox"/> Other (18) <input type="checkbox"/> Backing (06) <input type="checkbox"/> Right Turn on Red (12) <input type="checkbox"/> Turning Right (13) | | | | | <input checked="" type="checkbox"/> Intended Maneuver (01) <input type="checkbox"/> Avoid Pedestrian (05) <input type="checkbox"/> Traffic Controls (02) <input type="checkbox"/> Avoid Bicycle (06) <input type="checkbox"/> Mechanical Failure (03) <input type="checkbox"/> Avoid Obj. / Animal (07) <input type="checkbox"/> Avoid Other Vehicle (04) <input type="checkbox"/> Avoid Prior MVA (08) <input type="checkbox"/> Other (09) | | | | | <input checked="" type="checkbox"/> No Controls (00) <input type="checkbox"/> School Zone Sign/Device (07) <input type="checkbox"/> Traffic Signal (01) <input type="checkbox"/> Warning Sign (08) <input type="checkbox"/> Stop Sign (02) <input type="checkbox"/> Railway X-ing Device (09) <input type="checkbox"/> Yield Sign (03) <input type="checkbox"/> Flashing Red (04) <input type="checkbox"/> Other (10) <input type="checkbox"/> Flashing Yellow (05) <input type="checkbox"/> Person (06) | | | | | | | | | |
| (100) Traffic Control Condition | | | | | (101) Guidance/Pavement Markings | | | | | (102) Defineator Present | | | | | (103) Bikeway | | | | |
| <input checked="" type="checkbox"/> Not Applicable (00) <input type="checkbox"/> Yellow Malfunction (05) <input type="checkbox"/> Functioning Properly (01) <input type="checkbox"/> Green Malfunction (06) <input type="checkbox"/> Knocked Down (02) <input type="checkbox"/> Arrow Malfunction (07) <input type="checkbox"/> Obscured (03) <input type="checkbox"/> Lights Not Changing (08) <input type="checkbox"/> Red Malfunction (04) <input type="checkbox"/> Other Malfunction (09) | | | | | None (00) <input type="checkbox"/> Lft <input type="checkbox"/> Rgt Solid Yellow (01) <input type="checkbox"/> No Passing. Yellow (06) <input type="checkbox"/> Lft <input type="checkbox"/> Rgt Skip-Dash Yellow (02) <input checked="" type="checkbox"/> Curb/Median. Etc. (07) <input type="checkbox"/> Lft <input type="checkbox"/> Rgt Solid White (03) <input checked="" type="checkbox"/> Bikeway Marking (08) <input type="checkbox"/> Lft <input type="checkbox"/> Rgt Skip-Dash White (04) <input type="checkbox"/> Crosswalk Marking (09) <input type="checkbox"/> Lft <input type="checkbox"/> Rgt Solid Double Yellow (05) <input type="checkbox"/> Turn Lane (10) <input type="checkbox"/> Lft <input type="checkbox"/> Rgt | | | | | <input checked="" type="checkbox"/> None (00) <input type="checkbox"/> Right (01) <input type="checkbox"/> Left (02) <input type="checkbox"/> Both Sides (03) <input type="checkbox"/> Right (01) <input type="checkbox"/> Left (02) <input type="checkbox"/> Both Sides (03) | | | | | <input checked="" type="checkbox"/> None (00) <input type="checkbox"/> Bike Route (Signed) (01) <input type="checkbox"/> Bike Lane Stripe (02) <input type="checkbox"/> Separate Path/Lane (03) <input type="checkbox"/> Bike Route (Signed) (01) <input type="checkbox"/> Bike Lane Stripe (02) <input type="checkbox"/> Separate Path/Lane (03) | | | | |
| (104) Vehicle Factors (Select Up to 2) | | | | | (105) Vision Obstruction (Select up to 3) | | | | | (106) Human Factors (Select up to 3) | | | | | (107) Driver Distracted By | | | | |
| <input checked="" type="checkbox"/> None (00) <input type="checkbox"/> Suspension (08) <input type="checkbox"/> Worn Tires (01) <input type="checkbox"/> Wheels (09) <input type="checkbox"/> Tire Failure (02) <input type="checkbox"/> Power Train (10) <input type="checkbox"/> Brakes (03) <input type="checkbox"/> Window/Windshld. (11) <input type="checkbox"/> Headlights (04) <input type="checkbox"/> Mirrors (12) <input type="checkbox"/> Taillights (05) <input type="checkbox"/> Wipers (13) <input type="checkbox"/> Signals (06) <input type="checkbox"/> Trailer Coupling (14) <input type="checkbox"/> Steering (07) <input type="checkbox"/> Other (15) | | | | | <input checked="" type="checkbox"/> None (00) <input type="checkbox"/> Glare (06) <input type="checkbox"/> Trees/Brush/Fence (01) <input type="checkbox"/> Weather Condition (07) <input type="checkbox"/> Embankment (02) <input type="checkbox"/> Pedestrian (08) <input type="checkbox"/> Building (03) <input type="checkbox"/> Animal(s) in Road (09) <input type="checkbox"/> Moving Vehicle (04) <input type="checkbox"/> Other (10) <input type="checkbox"/> Parked/Stopped Vehicle (05) | | | | | <input type="checkbox"/> None (00) <input type="checkbox"/> Illness (06) <input type="checkbox"/> Inattention (01) <input type="checkbox"/> Legal Meds. (07) <input type="checkbox"/> Misjudgment (02) <input type="checkbox"/> Emotional (08) <input checked="" type="checkbox"/> Fatigue (03) <input type="checkbox"/> Phys. Impaired (09) <input type="checkbox"/> Alcohol (04) <input type="checkbox"/> Other (10) <input type="checkbox"/> Illegal Drugs (05) | | | | | <input checked="" type="checkbox"/> Not Distracted (00) <input type="checkbox"/> Cellular Phone (01) <input type="checkbox"/> Other Elect. Comm Device (02) <input type="checkbox"/> Other Electronic Device (03) <input type="checkbox"/> Other Inside Vehicle (04) <input type="checkbox"/> Other Outside Vehicle (05) <input type="checkbox"/> Other Occupant (06) | | | | |
| (108) Other Factors (Select up to 4) | | | | | | | | | | (109) Roadway Comp. | | | | | (110) Roadway Surface | | | | |
| <input type="checkbox"/> No Improper Action (00) <input type="checkbox"/> Failure to Yield (06) <input type="checkbox"/> Improper Backing (13) <input type="checkbox"/> Other Improper Action (18) <input type="checkbox"/> Drove too Fast for Conditions (01) <input type="checkbox"/> Wrong Side/Way (07) <input type="checkbox"/> Followed too Closely (14) <input type="checkbox"/> Illegally in Roadway (19) <input type="checkbox"/> Exceed Posted Speed Limit (02) <input type="checkbox"/> Crossed Centerline (08) <input type="checkbox"/> Aggressive, Reckless Driving (15) <input type="checkbox"/> Improper Crossing (20) <input type="checkbox"/> Disregard Trfc. Signal (03) <input checked="" type="checkbox"/> Ran Off Road (09) <input type="checkbox"/> Swerved to Avoid Obstacle (16) <input type="checkbox"/> Pedestrian Viol (21) <input type="checkbox"/> Disregard Red Light (04) <input type="checkbox"/> Failure to Keep in Proper Lane (10) <input type="checkbox"/> Inattention (Talking, Etc.) (22) <input type="checkbox"/> Disregard Other Trfc. Ctrl. Dev. (05) <input type="checkbox"/> Improper Turn (11) <input type="checkbox"/> Over Correcting or Over Steering (17) <input type="checkbox"/> Bicycle Violation (23) <input type="checkbox"/> Improper Passing (12) <input type="checkbox"/> Clothing not Visible (24) | | | | | | | | | | <input type="checkbox"/> Concrete (01) <input checked="" type="checkbox"/> Asphalt (02) <input type="checkbox"/> Gravel (03) <input type="checkbox"/> Dirt (04) <input type="checkbox"/> Other (05) | | | | | <input checked="" type="checkbox"/> Dry (01) <input type="checkbox"/> Slush (07) <input type="checkbox"/> Wet (02) <input type="checkbox"/> Ice/Frost (08) <input type="checkbox"/> Mud, Dirt, Gravel (03) <input type="checkbox"/> Water (09) <input type="checkbox"/> Sand (10) <input type="checkbox"/> Debris (04) <input type="checkbox"/> Other (11) <input type="checkbox"/> Oil (05) <input type="checkbox"/> Snow (08) | | | | |
| (111) Other Roadway Conditions (Select up to 3) | | | | | (112) Roadway Alignment (Horizontal) | | | | | (113) Roadway Alignment (Vertical) | | | | | | | | | |
| <input checked="" type="checkbox"/> None (00) <input type="checkbox"/> Low Shoulder (03) <input type="checkbox"/> Loose Material (06) <input type="checkbox"/> Ruts, Holes, Etc. (01) <input type="checkbox"/> Soft Shoulder (04) <input type="checkbox"/> Worn, Polished (07) <input type="checkbox"/> No Shoulder (02) <input type="checkbox"/> High Shoulder (05) <input type="checkbox"/> Other (08) | | | | | <input checked="" type="checkbox"/> Straight (01) <input type="checkbox"/> Curve Left (02) <input type="checkbox"/> Curve Right (03) | | | | | <input type="checkbox"/> Level (01) <input checked="" type="checkbox"/> Downhill (04) <input type="checkbox"/> Hillcrest (02) <input type="checkbox"/> Sag (05) <input type="checkbox"/> Uphill (03) | | | | | | | | | |
| 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

Page 4 of 7 DOT-1-174D (HWY-T) Rev. 8/18

Report Number: 21001484

| (114) Tire Skid Marks (feet) | | | | | DIAGRAM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------|-----------------|--------|--------|--|--|--|--|--|--------|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Wheel | Unit 1 | Unit 2 | Unit 3 | Unit 4 | (115) REFERENCE POINT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rgt-R | | | | | IS _____ (feet) _____ (direction) _____ (Object/Landmark) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lft-F | | | | | ALL OBJECTS ARE MEASURED FROM POINT OF REFERENCE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rgt-F | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">Object</th> <th style="width: 10%;">N</th> <th style="width: 10%;">S</th> <th style="width: 10%;">E</th> <th style="width: 10%;">W</th> </tr> <tr><td> </td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td></tr> </table> | | | | | Object | N | S | E | W | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Object | N | S | E | W | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Lft-R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (116) Intersection Related | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> No (01) <input type="checkbox"/> Yes (02) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (117) Main Road | | | | | (119) Indicate the Type of Intersection (Check one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (A) No. of Lanes | | (B) Speed Limit | | | <input checked="" type="checkbox"/> Not at Intersection (01) <input type="checkbox"/> "Y" Intersection (04) <input type="checkbox"/> Roundabout (07) <input type="checkbox"/> 4-Way Intersection (02) <input type="checkbox"/> Part of Interchange (05) <input type="checkbox"/> 5 (or more legs) Intersection (08) <input type="checkbox"/> "T" Intersection (03) <input type="checkbox"/> Traffic Circle (06) <input type="checkbox"/> Other (09) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | 20MPH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (118) Side Road | | | | | <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p style="text-align: center; font-size: small;">Place an arrow in the above circle to indicate North.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (A) No. of Lanes | | (B) Speed Limit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Draw Object, Directions, Etc. According to Current Practices. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



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|--|---------------------|-----------|----------------------------|-------------------|-----------|
| 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 \$1,000. 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

Page 5 of 7 DOT-1-174E (HWY-T) Rev. 8/18

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 <table style="width:100%; border: none;"> <tr> <td style="vertical-align: top;"> Hawaii County 01 Hilo Medical Center 02 Kona Hospital 03 Kau Hospital 04 Kohala Hospital 05 Honokaa Hospital 06 N. Hawaii Comm. Hosp. </td> <td style="vertical-align: top;"> Molokai/Lanai 11 Molokai Gen. Hosp. 12 Lanai Comm. Hosp. </td> <td style="vertical-align: top;"> 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. </td> </tr> <tr> <td style="vertical-align: top;"> Kauai County 13 Wilcox Mem. Hospital 14 Kauai Vet. Memorial Hospital 32 Mahelona Med. Ctr. </td> <td style="vertical-align: top;"> C&C Honolulu 15 Castle Medical Center 16 Shriner's Hosp. for Children 17 Kahuku Hospital 18 Kaiser Permanente 19 Kaiser Clinic - Honolulu </td> <td style="vertical-align: top;"> 99 Other </td> </tr> </table> | | | | | | | | | | Hawaii County 01 Hilo Medical Center 02 Kona Hospital 03 Kau Hospital 04 Kohala Hospital 05 Honokaa Hospital 06 N. Hawaii Comm. Hosp. | Molokai/Lanai 11 Molokai Gen. Hosp. 12 Lanai Comm. Hosp. | 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. | 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 | 99 Other |
| Hawaii County 01 Hilo Medical Center 02 Kona Hospital 03 Kau Hospital 04 Kohala Hospital 05 Honokaa Hospital 06 N. Hawaii Comm. Hosp. | Molokai/Lanai 11 Molokai Gen. Hosp. 12 Lanai Comm. Hosp. | 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. | | | | | | | | | | | | | | | | | |
| 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 | 99 Other | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>Motor Vehicle For lap positions use 1 in place of 0</p> </div> <div style="text-align: center;"> <p>B - Position in Unit</p> <p>Motorcycle/Moped/Bicycle Pedestrian</p> </div> </div> | | | | | | | | | | | | | | | | | | | |
| 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

Page 6 of 7 DOT-1-174G (HWY-T) Rev. 8/18

Report Number: 21001484

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 0335 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

Page 7 of 7 DOT-1-174G (HWY-T) Rev. 8/18

Report Number: 21001484

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.



| 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."



'āinaexcavation

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

invoice

invoice #: 020940

date: 3/26/2021

work order #: 6053429

start date: 3/26/2021

end date: 3/26/2021

bill to:

job # 0221-3

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

| auth. / purchase order | requisitioner | location | project |
|--|---------------|-----------------|-------------------|
| 4500078751 | | E25 BALDWIN AVE | DIG POLE HOLE |
| description | | | extrn. |
| PROVIDED EQUIPMENT AND LABOR TO DIG AND COVER FOR SAFETY ONE (1) 45' POLE HOLE. | | | 1,794.22 |
| thank you for your business. | | | |
| subtotal | | | \$1,794.22 |
| sales tax 4.166... | | | \$0.00 |
| total | | | \$1,794.22 |

Naaauo 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 | [REDACTED] | | 220.00 |
| Crew: [REDACTED] | | | |
| Called by Kekoa | | Sales Tax (4.167%) | \$18.33 |
| | | Grand Total | \$458.33 |

City & County of Honolulu; SS

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

Shani Leah Morales who is known to be the

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

Marcha 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)

Marcha C. H. Ono
Signature of Notary

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

01/10/2023
Date of Notary Certificate

(Official Stamp or Seal)

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 Monks
PRINTED NAME OF SIGNER & TITLE