

# LIABILITY CLAIM FORM

## RETURN SIGNED CLAIM FORM TO:

Clerk of the Board  
County of El Dorado  
330 Fair Lane  
Placerville, CA 95667



HD 3/26/2025 Jacobs Engineering

EDC BGS ROAD  
MAR 26 '25 PM 1:23

DO NOT WRITE IN THIS SPACE  
(BOARD OF SUPERVISOR'S DATE STAMP)

Name of Claimant: Jacobs Engineering Group Inc	Claimant's Mailing Address: [REDACTED]
Email: [REDACTED]	Claimant's Physical Address: (If different than mailing)
Telephone (Home):	
Telephone (Work/Cell): [REDACTED]	
*Social Security Number:	
*Claimant's Date of Birth: //      *Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Driver's License Number:	

\*If any portion of your claim is for bodily injury, this information is required to comply with Federal Medicare Reporting Requirements.  
Settlement will be delayed or prevented without this information.

Where would you like notices sent? (Include name and address if Attorney, Insurance Company or Other) <input checked="" type="checkbox"/> Claimant <input type="checkbox"/> Attorney <input type="checkbox"/> Insurance <input type="checkbox"/> Other
When did Damage or Injury occur? DATE: 1/13/25 through 2/14/25      TIME: : <input type="checkbox"/> AM <input type="checkbox"/> PM
Where did Damage or Injury occur? Mt Murphy Road - Coloma, CA
How did Damage or Injury occur? (Give full details – use extra sheet if necessary) Jacobs provided engineering services for the County (at their direction) to repair and re-open the Mt. Murphy Road Bridge after it was hit by an impaired driver on January 12, 2025. The County has not issued a contract for the services directed and performed on behalf of the County, and Jacobs has not been paid for such invoiced work. The work was completed in 10 days and the bridge was re-opened to the public.
What particular act or omission on the part of El Dorado County employees caused the Injury or Damage? The County directed Jacobs to complete the work. After the work was complete, a contract was not issued and payment on invoiced services has not been made.

The County will report any payment made on this claim on an IRS form 1099-MISC. No payment will be made without the information furnished on the attached Payee Data Record. Disposition of the claim will rely solely on its merits and the furnishing of any form or other information will not ensure payment.

25.00027

CLAIM NUMBER (For Clerk's Use Only)

**What is the name of the El Dorado County employee who caused the Injury or Damage?**

Matt Smeltzer, Deputy Director of Engineering directed Jacobs to complete the work.

**What Damage or Injury do you claim resulted?**

Jacobs has incurred \$19,387.50 in cost for the work completed to re-open the bridge. Jacobs also has a sub-consultant that is owed a portion of that \$19,387.50 for their work.

**Amount of this claim is:**

☐

Under \$10,000

☒

\$10,000-\$25,000

☐

Over \$25,000

If the amount you are claiming is under \$10,000, state the amount of the claim, including the estimated amount of any prospective injury, damage, or loss, as it may be known at this time. (Explain your calculation and attach bills or documents.)

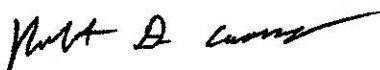
**Other Details?**

Claim letter, invoice, and County authorization email are all attached to this claim form.

**Names and Addresses of Witnesses, Doctors and/or Hospitals:**

Lauren Reinking/Jacobs, Leslie Bonneau/Jacobs, Uttaran Saha/Jacobs, Lisa Crivello/Jacobs, Jeremy Chin/Jacobs, Jeff Shapiro/Jacobs, Shanann Findley/El Dorado County, and Rafael Martinez/El Dorado County Director of Transportation were all cc'd on the email directing Jacobs to complete the work.

**Claimant's Signature:**



**Date:**

03/24/2025

**Take Notice:**

Section 72 of the Penal Code provides:

"Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city, or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable... as a felony."



# County of El Dorado

## OFFICE OF AUDITOR-CONTROLLER

360 FAIR LANE  
PLACERVILLE, CALIFORNIA 95867  
Phone: (530) 621-5487 FAX: (530) 295-2535

JOE HARN, CPA  
Auditor-Controller

TSUNG-KUEI HSU  
Assistant Auditor-Controller

### PAYEE DATA RECORD

(Required in lieu of IRS W-9 when receiving payment from the County of El Dorado) Version: April 2014

<b>PAYEE DATA RECORD</b>	<b>INSTRUCTIONS:</b> Complete all information on this form. Sign, date, and return to the address shown at the bottom of this page. Prompt return of the <b>fully completed</b> form will prevent delays in processing payments. Information provided in this form will be used by the County of El Dorado to prepare Information Returns (Forms 1099), for withholding on payments to nonresident payees, and for reporting to the Employment Development Department (EDD).		
<b>NAME AND ADDRESS</b>	Name (as shown on your income tax return) <b>Jacobs Engineering Group Inc</b>		
	Business name/Doing business as/Disregarded entity name, if different from above <b>Jacobs Engineering Group Inc</b>		
	Physical address (number, street, and apt. or suite) [REDACTED]		Remittance address (if different than physical)
	City, state, zip code [REDACTED]		City, state, zip code
	Phone number [REDACTED]	Fax number (optional) [REDACTED]	Email (optional) [REDACTED]
<b>FEDERAL TAX CLASSIFICATION &amp; EXEMPTIONS</b>	Check appropriate federal tax classification [REDACTED]		
	ON THE NAME LINE.		
	Exempt payee code (if any) – see instructions _____ Exemption from FATCA reporting code (if any) – see instructions _____		
<b>TAX IDENTIFICATION NUMBER</b>	Tax identification number (TIN) [REDACTED]		
	Enter your TIN in the appropriate box. If you are an individual or sole proprietor, you must enter your SSN. You may choose to provide your EIN in addition to, but not instead of, the SSN. Single member LLCs (disregarded entities) must enter the TIN of the owner identified on the Name line. [REDACTED]		
<b>RESIDENCY STATUS</b>	Check appropriate box for residency status <input checked="" type="radio"/> California resident / exempt from nonresident withholding – qualified to do business in California or maintains a permanent place of business in California (attach CA Form 590) <input type="radio"/> California nonresident (see instructions) <b>NOTE:</b> Payments to California nonresidents for services performed in California and for certain rents derived from properties located in California that exceed \$1,500 in a calendar year will be subject to 7% nonresident withholding unless you have obtained a waiver or have been approved for reduced withholding by the Franchise Tax Board. There is no withholding on payments for product and for services performed outside of California. <input type="checkbox"/> Obtained Franchise Tax Board waiver of State withholding (attach a copy if applicable) <input type="checkbox"/> Obtained Franchise Tax Board approval for reduced withholding (attach a copy if applicable)		
	California sales tax permit number (required only for California nonresident vendors that charge California sales tax) [REDACTED]		
	<b>Under penalties of perjury, I certify that:</b> 1) the TIN shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and 2) I am not subject to backup withholding and 3) I am a U.S. citizen or other U.S. person and 4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.		
	Authorized Payee Representative's Name (Type or Print) [REDACTED]		
<b>CERTIFICATION</b>	Signature [REDACTED]		Title <b>Project Manager</b>
	Date [REDACTED]	Telephone [REDACTED]	
	Should my residency status or any other information provided above change, I will promptly notify County of El Dorado at the address listed above.		
<b>RETURN FORM TO</b>	Please return completed form to:		
	Department/office: Department of Transportation C/O Shanann Findley		
	Mailing address: 2850 Fairlane Court		
	Phone: 530-621-5125	Fax: 530-698-5813	Email: shanann.findley@edcgov.us

COUNTY OF EL DORADO, PAYEE DATA RECORD (REVERSE)

PAYEE DATA RECORD	<p>A completed Payee Data Record is required for payments to all entities and will be kept on file at the County of El Dorado Auditor-Controller's Office. Payees who do not wish to complete the Payee Data Record may elect to not do business with the County of El Dorado. If the payee does not complete the form and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding, California backup withholding and California nonresident withholding.</p>
FEDERAL TAX CLASSIFICATION	<p>Check the applicable federal tax classification. Note that if an LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.</p> <p><b>Individual:</b> Enter the name shown on your income tax return. If the account is in joint names, list first, and then circle, the name of the person or entity whose SSN you entered on the form.</p> <p><b>Sole proprietor:</b> Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as" name on the "Business name/Doing business as/Disregarded entity name" line.</p> <p><b>Partnership, C Corporation, or S Corporation:</b> Enter the entity's name on the "Name" line and any business, trade, or "doing business as" name on the "Business name/Doing business as/Disregarded entity name" line.</p> <p><b>Disregarded entity:</b> Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (individual/sole proprietor, partnership, C corporation, S corporation, trust/estate).</p> <p><b>Limited liability company (LLC):</b> If the person identified on the "Name" line is an LLC, check the "Limited Liability Company" box only and enter the appropriate code for the U.S. federal tax classification.</p> <p><b>Other entities:</b> Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade or DBA name on the "Business name/Doing business as/Disregarded entity name" line.</p>
EXEMPTIONS	<p><b>Exemptions:</b> If you are exempt from backup withholding and/or FATCA reporting, enter in the exemptions box any code(s) that may apply to you. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions. The following codes identify payees that are exempt from backup withholding: <b>1</b> – an organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2); <b>2</b> – The United States or any of its agencies or instrumentalities; <b>3</b> – A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities; <b>4</b> – A foreign government or any of its political subdivisions, agencies, or instrumentalities; <b>5</b> – A corporation; <b>6</b> – A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States; <b>7</b> – A futures commission merchant registered with the Commodity Futures Trading Commission; <b>8</b> – A real estate investment fund; <b>9</b> – An entity registered at all times during the tax year under the Investment Company Act of 1940; <b>10</b> – A common trust fund operated by a bank under section 584(a); <b>11</b> – A financial institution; <b>12</b> – A middleman known in the investment community as a nominee or custodian; <b>13</b> – A trust exempt from tax under section 664 or described in section 4947.</p> <p><b>Exemption from FATCA reporting.</b> The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. <b>A</b>—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37); <b>B</b>—The United States or any of its agencies or instrumentalities; <b>C</b>—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities; <b>D</b>—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i); <b>E</b>—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i); <b>F</b>—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.</p>
TAX IDENTIFICATION NUMBER	<p>Enter your tax identification number (TIN) in the appropriate box. If you are a single member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN. <b>The TIN for individuals and sole proprietors is the Social Security Number (SSN).</b> Sole proprietors may provide their EIN in addition to but not instead of a SSN.</p> <p>The County of El Dorado requires that all parties entering into business transactions that may lead to payment(s) from the County provide their Taxpayer Identification Number (TIN). The TIN is also required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p>
RESIDENCY STATUS	<p><b>Are you a California resident or nonresident?</b></p> <p>A <b>corporation</b> will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California. A <b>partnership</b> is considered a resident partnership if it has a permanent place of business in California. An <b>estate</b> is a resident if the decedent was a California resident at time of death. A <b>trust</b> is a resident if at least one trustee is a California resident. For <b>individuals and sole proprietors</b>, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p><b>Payments to all nonresidents may be subject to withholding.</b> Nonresident payees performing services in California or receiving certain rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year or if payment is for product. Nonresidents who have been granted a waiver on payments of California source income from the California Franchise Tax Board must submit a copy of the waiver. For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:</p> <p>Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: wscs.gen@ftb.ca.gov For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov</p> <p>California nonresidents charging California sales tax are required to provide their California sales tax number.</p>
CERTIFICATION	<p>Provide the name, title, signature, and telephone number of the authorized individual completing this form. Provide the date the form was completed. <b>NOTE:</b> You must cross out item 2 in the certification block if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.</p>



## CLAIM LETTER

Date: March 18, 2025

To: County of El Dorado  
Community Development Agency, Transportation Division  
2850 Fairlane Court  
Placerville, CA 95667

Jacobs Engineering Group Inc. (Jacobs) is submitting this claim letter requesting payment in full for emergency services directed by the County and performed on the County's behalf.

On January 12, 2025, the Mt. Murphy Road bridge was struck by an impaired driver, damaging the truss and requiring closure. On January 12, 2025, the Deputy Director of Engineering, Matt Smeltzer, requested and authorized Jacobs via email (attached) to start work under an emergency retroactive contract. The request directed our Jacobs team to mobilize as quickly as possible so that we could complete engineering assessment, complete non-destructive testing, and develop a retrofit repair plan. The authorization acknowledged that Jacobs would use subconsultants and confirmed that insurance, staff rates, and qualifications already on file were to be used for these emergency authorization services.

The bridge opened after being closed for only 10 days. Jacobs delivered the following for the County:

- January 13<sup>th</sup> - Initial damage inspection
- January 16<sup>th</sup> - Non-destructive testing of the damaged areas
- January 20<sup>th</sup> - Stamped drawings and calculations submitted to Matt Smeltzer
- January 22<sup>nd</sup> - Repair installed, and bridge reopened
  - Jacobs' Engineer of Record oversaw installation and final inspection. Bridge opened in the afternoon.
- January 24<sup>th</sup> - Emergency Truss Damage Inspection and Non-Destructive Testing Memo
  - Memo included a write-up of inspection work, photos, and a detailed non-destructive testing report.
- January 27<sup>th</sup> - Emergency Truss Damage - Repair Installation Inspection Memo
  - Memo included a write-up of the installation/inspection, photos, and finalized calculations and sketches.

Jacobs also spent time developing a draft scope and fee for the County as well as an invoice for the work completed to date. The contract amount was proposed to be \$50,736, including \$20,704 in optional repair monitoring. As of date of this letter, the County has not issued a contract for the abovementioned services directed and performed on behalf of the County, and Jacobs has not been paid for such invoiced work. The work is complete, and the bridge is re-opened to the public.

We request that Jacobs be paid for the authorized the work completed to date, in the amount of \$19,387.50, and be paid upon receipt of this claim letter. Attached to this claim letter you will find the initial authorization email and the Jacobs' invoice for work completed through February 14, 2025.

Sincerely,

Robbie Coomes, PE  
Jacobs Project Manager

Leslie Bonneau  
Jacobs Vice President

Cc: Lauren Reinking/Jacobs, Brian Skeith/Jacobs, Mark Johnson/Jacobs, Lisa Alliger/Jacobs, Hanh Dao/Jacobs

**Coomes, Robbie**

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**From:** Matthew D. Smeltzer <Matt.Smeltzer@edcgov.us>  
**Sent:** Sunday, January 12, 2025 2:10 PM  
**To:** Coomes, Robbie  
**Cc:** [REDACTED]  
[REDACTED]  
**Subject:** [EXTERNAL] RE: Mt Murphy Bridge Emergency Repair January 2025

Robbie

The Mount Murphy bridge was damaged from a vehicle collision last night. The damage is very similar to the 2021 damage, except one truss bay away, the vehicle bent two braces and struck the vertical member with a significant impact near the bottom pin, and the vertical member shows knicks in the steel surface. Thank you for discussing this damage, reviewing the photos sent, and collaborating strategy to address the damage.

I am authorizing Jacobs to start work today under an emergency retroactive contract on this damage assessment and repair plan. I am working on the retroactive contract with a similar scope as our 2021 repair work, for now. Please get your team mobilized as quickly as possible to do the engineering assessment and non-destructive testing. I understand this could include subconsultants. We have your insurance, staff rates, and qualifications on file. Jacobs is currently the most qualified and knowledgeable firm to do this work and Jacobs is familiar with our standard contract language. I anticipate this repair work to be 100% local funded. Please expedite this work as quickly as possible. We sincerely appreciate your promptness in working on this emergency repair.

Sincerely,

**Matthew Smeltzer**  
Deputy Director, Engineering

**County of El Dorado**  
Department of Transportation  
2850 Fairlane Court  
Placerville, CA 95667  
(530) 621-5912  
[matt.smeltzer@edcgov.us](mailto:matt.smeltzer@edcgov.us)



February 21, 2025

Matt Smeltzer  
County of El Dorado  
Community Development Agency, Transportation Division  
2850 Fairlane Court  
Placerville, CA 95667

Subject: Mt. Murphy Road Bridge Emergency Repair

Dear Matt:

Enclosed for your review and payment is our Invoice No. D3948200-01. This invoice covers work performed during the period from January 13, 2025, through February 14, 2025. Progress made during this period is summarized by major task below.

**Task 1 – Project Management**

- Project setup (Robbie Coomes), development of Health and Safety Plan (Nichola Fulton), subcontracting with International Inspection (Robbie Coomes)

**Task 2 – Testing/Inspection/Reports**

- Initial site visit 1/13/25 to assess damage (Sean Smith and Chris Serroels)
- Initial site visit travel costs for Sean Smith
- Site visit for arm's length inspection and Non-Destructive Testing (NDT) on 1/16/25 (Robbie Coomes and International Inspection)
- Development and submittal of Initial Inspection Report, including NDT Report (Robbie Coomes and International Inspection)
- Development and submittal of Truss Field Repair Report, including photos of repair work and a copy of the repair details and calculations (Robbie Coomes)
- QC of all Reports (Sean Smith)

**Task 3 – Analysis and Design**

- Development of repair detail sketches and calculations (Robbie Coomes)
- QC of sketches and calculations, including line-by-line check of calculations (Sean Smith and John Hinman)

**Task 4 – Services During Construction**

- Inspection of repair installation in Coloma (Robbie Coomes)
- Travel costs for Robbie Coomes
- One hour the week of 1/31/25 for Robbie Coomes to upload and sort construction photos for reports.

**Task 5 – Monitoring (Optional Task)**

- No charges.

Please call me at [REDACTED] if you have any questions regarding this invoice and progress report.

Sincerely,

Jacobs

Robbie Coomes  
Project Manager



County of El Dorado  
Community Development Agency, Transportation Division  
2850 Fairlane Court  
Placerville, CA 95667

Date: 2/21/2025  
Project No.: D3948200  
Client Agreement: 9347  
Invoice No.: D3948200-01

Attn: Matt Smeltezr, PE - Project Manager  
Attn: Shanann Findley - Senior Administrative Analyst

## INVOICE

### MOUNT MURPHY ROAD BRIDGE EMERGENCY REPAIR

Professional Services January 13, 2025 through February 14, 2025

Item of Work	Current Invoice	Invoiced To Date	Authorized Budget	Budget Remaining	Previously Invoiced
<b>TASK 1 - PROJECT MANAGEMENT</b>	\$ 3,173.00	\$ 3,173.00	\$ 3,340.00	\$ 167.00	\$ -
1 JACOBS	\$3,173.00	\$ 3,173.00	\$ 3,340.00	\$ 167.00	\$ -
<b>TASK 2 - TESTING/INSPECTIONS/REPORTS</b>	\$ 9,281.26	\$ 9,281.26	\$ 13,756.00	\$ 4,474.74	\$ -
1 JACOBS	\$ 4,411.00	\$ 4,411.00	\$ 7,556.00	\$ 3,145.00	\$ -
2 EXPENSES	\$ 82.60	\$ 82.60	\$ 700.00	\$ 617.40	\$ -
3 INTERNATIONAL INSPECTION #111336	\$ 4,787.66	\$ 4,787.66	\$ 5,500.00	\$ 712.34	\$ -
<b>TASK 3 - ANALYSIS/DESIGN</b>	\$ 4,396.00	\$ 4,396.00	\$ 9,296.00	\$ 4,900.00	\$ -
1 JACOBS	\$ 4,396.00	\$ 4,396.00	\$ 9,296.00	\$ 4,900.00	\$ -
<b>TASK 4 - SERVICES DURING CONSTRUCTION</b>	\$ 2,537.24	\$ 2,537.24	\$ 3,640.00	\$ 1,102.76	\$ -
1 JACOBS	\$ 2,171.00	\$ 2,171.00	\$ 3,340.00	\$ 1,169.00	\$ -
2 EXPENSES	\$ 366.24	\$ 366.24	\$ 300.00	\$ (66.24)	\$ -
<b>TASK 5 - MONITORING - OPTIONAL TASK</b>	\$ -	\$ -	\$ 20,704.00	\$ 20,704.00	\$ -
1 JACOBS	\$ -	\$ -	\$ 19,704.00	\$ 19,704.00	\$ -
2 EXPENSES	\$ -	\$ -	\$ 1,000.00	\$ 1,000.00	\$ -
<b>SUMMARY</b>	\$ 19,387.50	\$ 19,387.50	\$ 50,736.00	\$ 31,348.50	\$ -
<b>TOTAL THIS INVOICE</b>	\$ 19,387.50				

#### REMITTANCE TO:

By Mail:



By Wire:





MOUNT MURPHY ROAD BRIDGE EMERGENCY REPAIR

PAYMENT SUMMARY

INVOICE #	DATE	INVOICE \$	PAYMENT \$	BALANCE DUE
D3948200-01	2/20/2025	\$ 19,387.50	\$ -	\$ 19,387.50
TOTALS		\$ 19,387.50	\$ -	\$ 19,387.50



**MOUNT MURPHY ROAD BRIDGE EMERGENCY REPAIR**

Invoice No.: D3948200-01

Date: 2/21/2025

**TASK 1 - PROJECT MANAGEMENT**

<u>Classification</u>	<u>Name</u>	<u>Rate</u>	<u>Hours</u>	<u>Amount</u>
COOMES, ROBERT D (ROBBIE)	PROJECT MANAGER/DESIGN	\$167.00	12.00	\$2,004.00
FULTON, NICHOLA L	PROJECT MANAGER/DESIGN	\$167.00	7.00	\$1,169.00
<b>Total Labor</b>			<b>19.00</b>	<b>\$3,173.00</b>

<b>Total This Task</b>	<b>\$3,173.00</b>
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**TASK 2 - TESTING/INSPECTIONS/REPORTS**

<u>Classification</u>	<u>Name</u>	<u>Rate</u>	<u>Hours</u>	<u>Amount</u>
COOMES, ROBERT D (ROBBIE)	PROJECT MANAGER/DESIGN	\$167.00	6.00	\$1,002.00
SERROELS, CHRISTOPHER JOSEPH (CHRIS)	SENIOR REVIEW	\$320.00	7.00	\$2,240.00
SMITH, SEAN (SEAN)	PROJECT MANAGER/DESIGN	\$167.00	7.00	\$1,169.00
<b>Total Labor</b>			<b>20.00</b>	<b>\$4,411.00</b>

Other Costs

SMITH, SEAN (SEAN)	Travel-Mileage			\$82.60
<b>Total Other Costs Total</b>				<b>\$82.60</b>

Subcontractant

INTERNATIONAL INSPECTION	#111336			<b>\$4,787.66</b>
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<b>Total This Task</b>	<b>\$9,281.26</b>
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**TASK 3 - ANALYSIS/DESIGN**

<u>Classification</u>	<u>Name</u>	<u>Rate</u>	<u>Hours</u>	<u>Amount</u>
COOMES, ROBERT D (ROBBIE)	PROJECT MANAGER/DESIGN	\$167.00	15.00	\$2,505.00
HINMAN, JOHN D (JOHN)	QUALITY CONTROL	\$320.00	3.30	\$1,056.00
SMITH, SEAN (SEAN)	PROJECT MANAGER/DESIGN	\$167.00	5.00	\$835.00
<b>Total Labor</b>			<b>23.30</b>	<b>\$4,396.00</b>

<b>Total This Task</b>	<b>\$4,396.00</b>
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MOUNT MURPHY ROAD BRIDGE EMERGENCY REPAIR

Invoice No.: D3948200-01  
Date: 2/21/2025

TASK 4 - SERVICES DURING CONSTRUCTION

<u>Classification</u>	<u>Name</u>	<u>Rate</u>	<u>Hours</u>	<u>Amount</u>
COOMES, ROBERT D (ROBBIE)	PROJECT MANAGER/DESIGN	\$167.00	13.00	\$2,171.00
Total Labor			<u>13.00</u>	<u>\$2,171.00</u>
				<u>\$2,171.00</u>
<u>Other Costs</u>				
COOMES, ROBERT D (ROBBIE)	Travel-Meals			\$17.64
COOMES, ROBERT D (ROBBIE)	Travel-Mileage			<u>\$348.60</u>
Total Other Costs				<u>\$366.24</u>
Total This Task				<u>\$2,537.24</u>
TOTAL THIS INVOICE				<u>75.30</u> <u>\$19,387.50</u>

# Jacobs Engineering

Billing Backup

Mount Murphy Road at South Fork American River Bridge Replacement Project  
Professional Services January 13, 2025 through February 14, 2025

This is the week  
ending date

## TASK 1 - PROJECT MANAGEMENT

<u>Name</u>	<u>Classification</u>	<u>Date</u>	<u>Hours</u>
COOMES, ROBERT D (ROBBIE)	PROJECT MANAGER/DESIGN	1/17/2025	7.00
COOMES, ROBERT D (ROBBIE)	PROJECT MANAGER/DESIGN	1/31/2025	1.50
COOMES, ROBERT D (ROBBIE)	PROJECT MANAGER/DESIGN	2/7/2025	1.50
COOMES, ROBERT D (ROBBIE)	PROJECT MANAGER/DESIGN	2/14/2025	2.00
			<b>12.00</b>
FULTON, NICHOLA L	PROJECT MANAGER/DESIGN	1/17/2025	7.00
			<b>7.00</b>
Subtotal Hours			<b>19.00</b>

## TASK 2 - TESTING/INSPECTIONS/REPORTS

<u>Name</u>	<u>Classification</u>	<u>Date</u>	<u>Hours</u>
COOMES, ROBERT D (ROBBIE)	PROJECT MANAGER/DESIGN	1/17/2025	6.00
			<b>6.00</b>
SERROELS, CHRISTOPHER JOSEPH (CHRIS)	SENIOR REVIEW	1/17/2025	7.00
			<b>7.00</b>
SMITH, SEAN (SEAN)	PROJECT MANAGER/DESIGN	1/17/2025	4.50
SMITH, SEAN (SEAN)	PROJECT MANAGER/DESIGN	1/24/2025	1.00
SMITH, SEAN (SEAN)	PROJECT MANAGER/DESIGN	1/31/2025	1.50
			<b>7.00</b>
Subtotal Hours			<b>20.00</b>

## TASK 3 - ANALYSIS/DESIGN

<u>Name</u>	<u>Classification</u>	<u>Date</u>	<u>Hours</u>
COOMES, ROBERT D (ROBBIE)	PROJECT MANAGER/DESIGN	1/17/2025	6.00
COOMES, ROBERT D (ROBBIE)	PROJECT MANAGER/DESIGN	1/24/2025	1.00
COOMES, ROBERT D (ROBBIE)	PROJECT MANAGER/DESIGN	1/24/2025	8.00
			<b>15.00</b>
HINMAN, JOHN D (JOHN)	QUALITY CONTROL	1/17/2025	1.30
HINMAN, JOHN D (JOHN)	QUALITY CONTROL	1/24/2025	2.00
			<b>3.30</b>
SMITH, SEAN (SEAN)	PROJECT MANAGER/DESIGN	1/31/2025	5.00
			<b>5.00</b>
Subtotal Hours			<b>23.30</b>

## TASK 4 - SERVICES DURING CONSTRUCTION

<u>Name</u>	<u>Classification</u>	<u>Date</u>	<u>Hours</u>
COOMES, ROBERT D (ROBBIE)	PROJECT MANAGER/DESIGN	1/24/2025	10.00
COOMES, ROBERT D (ROBBIE)	PROJECT MANAGER/DESIGN	1/24/2025	2.00
COOMES, ROBERT D (ROBBIE)	PROJECT MANAGER/DESIGN	1/31/2025	1.00
			<b>13.00</b>
Subtotal Hours			<b>13.00</b>

**Total Hours 75.30**

# JACOBS EXPENSES

Invoice Number : CEXP03041440

Sean Smith Mileage Backup

Summary & Detail

Date	Expense Item	Description	Exp Curr	Expense Amount	Exch Rate	Net Amount USD	Un-allow Amount USD	Tax Amount USD	Gross Amount USD
13-JAN-25	Personal Car Mileage/Kilometers	travel to project site	USD	82.60	1.0000	82.60	0.00		82.60
	Total					82.60	0.00		82.60

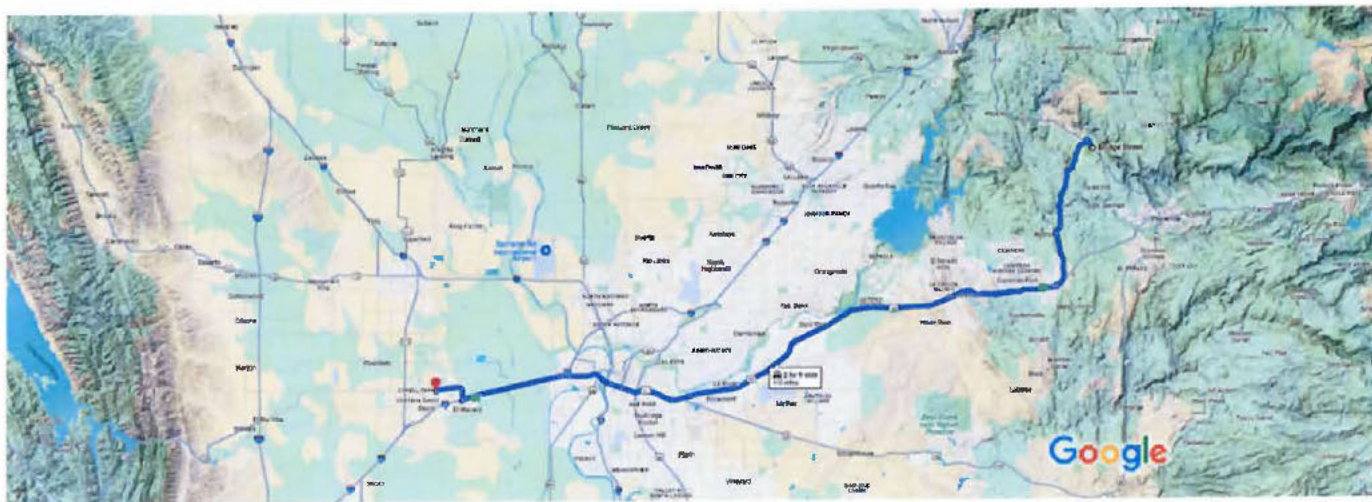
## Sean Smith Mileage Backup

Mileage Details					
Date	Expense Type	Miles	From Location	To Location	Amount
13-JAN-21	Personal Car Mileage/Kilometers	118.00	Birch Ln, Davis, CA 95618, USA	Bridge St, Coloma, CA 95667, USA	82.60

Sean Smith Mileage Backup



Drive 118 miles, 2 hr 9 min



Map data ©2025 Google 2 mi



via US-50 E

2 hr 9 min

2 hr 9 min without traffic

118 miles

Explore Birch Ln



Restaurants



Hotels



Gas stations



Parking Lots



More

Invoice Number : CEXP03042928

Robbie Coomes Mileage and Meals

Summary & Detail

Date	Expense Item	Description	Exp Curr	Expense Amount	Exch Rate	Net Amount USD	Un-allow Amount USD	Tax Amount USD	Gross Amount USD
16-JAN-25	Individual Meals	Travel to Coloma for Bridge Inspection	USD	8.55	1.0000	8.55	0.00		8.55
16-JAN-25	Personal Car Mileage/Kilometers	Inspection trips for emergency repair of the Mr. Murphy Road Bridge	USD	174.30	1.0000	174.30	0.00		174.30
22 JAN 25	Individual Meals	Travel to Coloma for Bridge Inspection	USD	9.09	1.0000	9.09	0.00		9.09
22-JAN-25	Personal Car Mileage/Kilometers	Inspection trips for emergency repair of the Mr. Murphy Road Bridge	USD	174.30	1.0000	174.30	0.00		174.30
	Total					366.24	0.00		366.24

Report Run Date: 28 January 2025

## Robbie Coomes Mileage and Meals

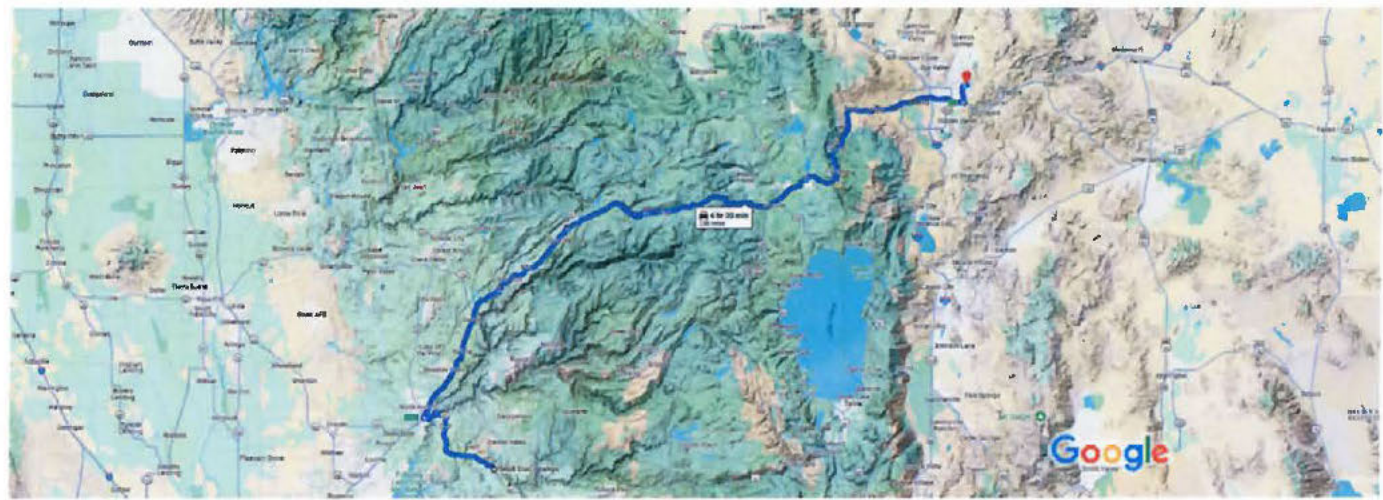
### Mileage Details

Date	Expense Type	Miles	From Location	To Location	Amount
18-JAN-25	Personal Car Mileage/Kilometers	249.00	2642 Alessandro Ct, Sparks, NV 89434, USA	319 CA-49, Coloma, CA 95613, USA	174.30
22-JAN-25	Personal Car Mileage/Kilometers	249.00	2642 Alessandro Ct, Sparks, NV 89434, USA	319 CA-49, Coloma, CA 95613, USA	174.30


Robbie Coomes Mileage Backup



Drive 250 miles, 4 hr 30 min



Map data ©2025 Google 5 mi

 via I-80 W 4 hr 30 min  
4 hr 30 min without traffic 250 miles

Explore nearby 2642 Alessandro Ct



Restaurants



Hotels



Gas  
stations



Parking  
Lots



More



# Receipt



**Featured Medium  
Roast – Pike Place<sup>®</sup>  
Roast**

**\$3.25**

Venti 20 fl oz  
5 Calories  
Personal Cup

**Cup Discount**

**-\$0.10**



**Spinach, Feta & Egg  
White Wrap**

**\$4.75**

1 Piece 159 g  
290 Calories

**Discount** **-\$0.10**

**Subtotal** **\$7.90**

**Tax 8.265% Food  
& Beverage** **\$0.65**

**Total** **\$8.55**

**My Card (0903)**

**Earns 2★ per \$1**

**Auth code: 982236**



Home



Scan



Order



Gift



Offers



# Receipt



**Caffè Americano**

**\$4.45**

Venti 20 fl oz  
15 Calories



**Rolled & Steel-  
Cut Oatmeal**

**\$3.95**

1 Piece 42 g  
160 Calories

Subtotal ..... **\$8.40**

Tax 8.265% Food  
& Beverage ..... **\$0.69**

**Total** ..... **\$9.09**

My Card (0903) Earns 2★ per \$1

Auth code: 448351

Sparks & Prater - Sparks  
745 Sparks Blvd.  
Marina Marketplace  
Sparks, NV 89434



To go



Home



Scan



Order



Gift



Offers

# **SUB-CONSULTANT INVOICES**

# INTERNATIONAL INSPECTION

International Inspection  
10600 Pioneer Blvd.  
Suite A  
Santa Fe Springs, CA 90670

PAGE 1

INVOICE DATE 1/31/2025  
INVOICE NO 111336

S 3346  
O JACOBS  
L ACCOUNTS PAYABLES  
D [REDACTED]  
T [REDACTED]  
O [REDACTED]

S MT. MURPHY BRIDGE  
H COLOMA, CA  
I  
P  
T  
O

TOTAL DUE 4,787.66

ACH payments are preferred.  
Please see below for details.

DUE DATE	TERMS DESCRIPTION	CUSTOMER PO NO	TRANSACTION ID			
3/2/2025	Net 30 USD	148062424	00011971			
DESCRIPTION			QTY	UNITS	UNIT PRICE	EXTENSION
Project: L14427						
LABOR			8.00		130.000	1,040.00
1/15/25 - 1 TECH PREPARATION/TRAVEL - 8 HOURS TOTAL - ST						
LABOR			8.00		130.000	1,040.00
1/16/25 - 1 TECH FIRST 8 HOURS AT ST						
LABOR			4.00		195.000	780.00
1/16/25 - 1 TECH 4 HOURS AT OT						
LABOR			2.00		130.000	260.00
1/20/25 - REPORT PREPARATION TOTAL OF 2 HOURS - ST						
CONSUMABLES			1.00		45.000	45.00
SUPPLIES						
TRAVEL EXPENSES			2.00		85.000	170.00
PER DIEM - CONTINENTAL US - 2 DAYS PER DIEM						
TRAVEL EXPENSES			1.00		1,043.000	1,043.00
AIRFARE + 15%						
TRAVEL EXPENSES			1.00		176.150	176.15
HOTEL + 15%						
TRAVEL EXPENSES			1.00		114.410	114.41
RENTAL CAR + 15%						
TRAVEL EXPENSES			1.00		21.910	21.91
FUEL + 15%						
TRAVEL EXPENSES			1.00		97.190	97.19
TAXI FEES COST + 15% - UBER TO FROM ONTARIO CA AIRPORT						

We appreciate your business.

TAXABLE	NONTAXABLE	FREIGHT	SALES TAX	MISC	TOTAL
0.00	4,787.66	0.00	0.00	0.00	4,787.66
TOTAL DUE					4,787.66

## PLEASE NOTE BANK DETAILS FOR ACH PAYMENTS

Beneficiary: [REDACTED]

Bank: [REDACTED]

Routing Code: [REDACTED]

Account Number: [REDACTED]

Please send inquires /remittance to: [REDACTED]



Expense Id	23749
Status	Processed
Employee	Delgado, Michael
Division	Los Angeles
WR	L14427 - JACOBS -
Category	Job Related - Airfare
Amount	\$906.96
Date	1/14/2025
Payment Method	Company Credit Card - [REDACTED]
Vendor	SOUTHWES [REDACTED]
CC Transaction Id	[REDACTED]
Comments	
Submitted By	Delgado, Michael 1/24/2025 10:46:58 AM
Approved By	Delgado, Michael 1/24/2025 10:56:48 AM

### Receipt

Confirmation # **3JDAFT**

Confirmation date: 01/14/2025

**PASSENGER** Michael Tomas Munoz  
**RAPID REWARDS #** [Join or Log in](#)  
**TICKET #** [REDACTED]  
**EST. POINTS EARNED** 8,154

Rapid Rewards points are only estimations.

### Your itinerary

**Flight 1:** Wednesday, 01/15/2025 Est. Travel Time: 1h 30m [Anytime](#)

<b>FLIGHT</b>	<b>DEPARTS</b>	<b>ARRIVES</b>
<b># 4409</b>	<b>ONT 04:05PM</b>	<b>SMF 05:35PM</b>
	Ontario	Sacramento

**Flight 2:** Thursday, 01/16/2025 Est. Travel Time: 1h 25m [Anytime](#)

<b>FLIGHT</b>	<b>DEPARTS</b>	<b>ARRIVES</b>
<b># 4900</b>	<b>SMF 06:05PM</b>	<b>ONT 07:30PM</b>
	Sacramento	Ontario

### Payment information

**Total cost**
**Payment**
**Air - 3JDAFT**

January 14, 2025

Base Fare	\$	815.22
U.S. Transportation Tax	\$	61.14
U.S. 9/11 Security Fee	\$	11.20
U.S. Flight Segment Tax	\$	10.40
U.S. Passenger Facility Chg	\$	9.00
<b>Total</b>	<b>\$</b>	<b>906.96</b>

**Payment Amount**
**\$906.96**



## Page 1 of 1

Expense Id	23812
Status	Processed
Employee	Munoz, Michael Tomas
Division	Los Angeles
WR	L14427 - JACOBS -
Category	Job Related - Lodging
Amount	\$153.17
Date	1/16/2025
Payment Method	Company Credit Card - [REDACTED]
Vendor	BEST WESTERN PLUS PLACER
CC Transaction Id	[REDACTED]
Comments	
Submitted By	Oliva, Jenny 1/27/2025 7:40:07 AM
Approved By	Delgado, Michael 1/27/2025 12:26:32 PM

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Expense Id	23738
Status	Processed
Employee	Munoz, Michael Tomas
Division	Los Angeles
WR	L14427 - JACOBS -
Category	Job Related - RENTAL CAR
Amount	\$99.49
Date	1/16/2025
Payment Method	Company Credit Card - [REDACTED]
Vendor	BUDGET RENT A CAR
CC Transaction Id	[REDACTED]
Comments	
Submitted By	Delgado, Michael 1/24/2025 10:44:01 AM
Approved By	Delgado, Michael 1/24/2025 10:56:17 AM

### Receipt

January 15 - January 16



Sacramento, CA - SMF

Confirmation # **16218795U55**

Confirmation date: 01/14/2025

### Your itinerary

**DRIVER NAME** Michael Munoz

#### PICK-UP

**January 15, 2025 07:00PM**

#### LOCATION

**Sacramento, CA - SMF**

Rental Counter is located outside of the Airport Terminal. Shuttle is provided.

#### RETURN

**January 16, 2025 05:00PM**

#### LOCATION

**Sacramento, CA - SMF**

Rental Counter is located outside of the Airport Terminal. Shuttle is provided.

**VEHICLE DESCRIPTION** Compact - Group B - Kia Soul or similar

**DETAILS** The minimum rental age is 25 years old on most rentals. All drivers must have a major credit card and valid driver's license in the driver's name.

### Cost estimate

#### Total cost

#### CAR - 16218795U55

Base rate	\$	72.99
Mileage		Unlimited
Drop charge	\$	0.00
Taxes/Fees	\$	26.50
<b>Car total due at pickup</b>	<b>\$</b>	<b>99.49</b>



## Page 1 of 1

Expense Id	23735
Status	Processed
Employee	Munoz, Michael Tomas
Division	Los Angeles
WR	L14427 - JACOBS -
Category	Job Related - Fuel
Amount	\$19.05
Date	1/16/2025
Payment Method	Company Credit Card - [REDACTED]
Vendor	CHEVRON 0385019
CC Transaction Id	[REDACTED]
Comments	
Submitted By	Oliva, Jenny 1/20/2025 2:18:17 PM
Approved By	Knapp, John 1/22/2025 2:37:26 PM

[illegible]

Expense Id	23736
Status	Processed
Employee	Munoz, Michael Tomas
Division	Los Angeles
WR	L14427 - JACOBS -
Category	Job Related - Taxis Uber Lyft
Amount	\$40.88
Date	1/16/2025
Payment Method	Company Credit Card - [REDACTED]
Vendor	UBER TRIP
CC Transaction Id	[REDACTED]
Comments	
Submitted By	Oliva, Jenny 1/22/2025 7:27:35 AM
Approved By	Knapp, John 1/22/2025 2:37:37 PM

Receipt
**Uber**

Here's your receipt for your ride, MICHAEL

View your receipt at uber.com/receipts

<b>Total</b>	<b>\$40.88</b>
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<b>Subtotal</b>	<b>\$21.56</b>
<small>21 Jan 2025</small>	<small>\$21.56</small>
<small>Tax &amp; Fees</small>	<small>\$19.32</small>
<small>21 Jan 2025</small>	<small>\$19.32</small>
<small>Uber Service Fee</small>	<small>\$0.00</small>

**Payments**

 <b>Uber</b>	<b>\$40.88</b>
---	----------------

Source payments for more information, or filing disputes where available
Uber Payments
Uber

 <b>Uber</b>	<b>\$40.88</b>
<small>21 Jan 2025</small>	<small>\$40.88</small>

Uber Payments are processed by Uber Payments, Inc. or its affiliates. All other payments are processed by the applicable payment processor.



Expense Id	23809
Status	Processed
Employee	Munoz, Michael Tomas
Division	Los Angeles
WR	L14427 - JACOBS -
Category	Job Related - Taxis Uber Lyft
Amount	\$43.63
Date	1/17/2025
Payment Method	Company Credit Card - [REDACTED]
Vendor	UBER TRIP
CC Transaction Id	[REDACTED]
Comments	
Submitted By	Oliva, Jenny 1/27/2025 7:39:20 AM
Approved By	Delgado, Michael 1/27/2025 12:26:27 PM

Receipt

Uber

1/17/2025

Here's your receipt for your ride, MICHAEL

1/17/2025 7:39:20 AM - 1/17/2025 8:00:00 AM

Total \$43.63

1/17/2025 7:39:20 AM - 1/17/2025 8:00:00 AM

Uber  
1/17/2025 7:39:20 AM - 1/17/2025 8:00:00 AM  
1/17/2025 7:39:20 AM - 1/17/2025 8:00:00 AM  
1/17/2025 7:39:20 AM - 1/17/2025 8:00:00 AM  
1/17/2025 7:39:20 AM - 1/17/2025 8:00:00 AM

Payments

Visa \*\*\*\*0230 \$43.63

1/17/2025 7:39:20 AM - 1/17/2025 8:00:00 AM

1/17/2025 7:39:20 AM

1/17/2025 7:39:20 AM

1/17/2025 7:39:20 AM - 1/17/2025 8:00:00 AM

1/17/2025 7:39:20 AM - 1/17/2025 8:00:00 AM

1/17/2025 7:39:20 AM - 1/17/2025 8:00:00 AM

# COUNTY OF EL DORADO

330 Fair Lane  
Placerville, CA 95667  
(530) 621-5390

**KIM DAWSON**  
Clerk of the Board



# BOARD OF SUPERVISORS

**GREG FERRERO**  
District I

**GEORGE TURNBOO**  
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**BRIAN VEERKAMP**  
District III

**LORI PARLIN**  
District IV

**BROOKE LAINE**  
District V

## Liability Claim Against the County of El Dorado

In response to your request, please find a Liability Claim Form for your use in filing a claim against the County of El Dorado. The following information will assist you in meeting the minimum legal requirements set forth in the Government Code. You must file the claim form, by mail or in person, with The Clerk of the Board of Supervisors, 330 Fair Lane, Placerville, CA 95667 within the time limits prescribed by Government Code Section 911.2 which states:

“A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented as provided in Article 2 (Commencing with Section 915) of this chapter not later than six months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented as provided in Article 2 (commencing with Section 915) of this chapter not later than one year after the accrual of the cause of action.” If you are filing your claim after the six month filing period, you must explain to the County your reason(s) for the delay. This is called an Application for Leave to Present a Late Claim (see Government Code Section 911.4). There is no application form. The application is made in the form of a letter with the proposed claim attached. The County will consider the application in accordance with Government Code Section 911.6 and will consider the merits of the claim only if the Application for Leave to Present a Late Claim has been accepted. The application is deemed denied by operation of law 45 days after its presentation without further notice unless the County chooses to send formal notice of denial prior to that time.

While the claim form is intended to request information in a manner which will satisfy the content requirement of Government Code section 910, you are strongly encouraged to make yourself aware of the law applying to the filing of a claim against a public entity. If the information supplied on the claim form is incomplete or does not meet the legal requirements, it may be returned without action as insufficient (Government Code section 910.8).

If you are insured against the particular type of damage you are claiming, your carrier should be notified of the damage as soon as possible in order to protect your right to recover under your insurance policy. Similarly, all alternative sources of recovery, such as disaster or other relief and assistance funds should be applied for without delay because of limited filing periods.

Neither referral of your complaint to Risk Management or the Board of Supervisors by any other division or department of the County, the furnishing of a claim form by the County, nor the County's acceptance of a filed claim should be construed as an admission of liability on the part of the County or any of its employees.