OFFICE OF THE COUNTY COUNSEL



COUNTY OF SANTA CRUZ

GOVERNMENT CENTER (408)454-2040 FAX(408)454-2115

> **DWIGHT L. HERR** COUNTY COUNSEL

DEBORAH STEEN SAMUEL TORRES, JR. CHIEF ASSISTANTS

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

HARRY A. OBERHELMAN !!! MARIE COSTA JANE M. SCOTT **RAHN** GARCIA TAMYRA CODE PAMELA FYFE **ELLEN LEWIS** KIM BASKETT LEE GULLIVER DANA MCRAE

ASSISTANTS Agenda _____May 19, 1998 To: The Board of Supervisors Re: Claim of _____ Zometa Gale Reynolds, No. 798-125 Original Document and associated materials are on file at the Clerk to the Board of Supervisors, In regard to the above-referenced claim, this is to recommend that the Board take the following action: X 1. Deny the claim of Zometa Gale Reynolds, No. 798-125 and refer to County Counsel. Deny 2 he application to file a late claim on behalf of _____ and refer to County Counsel. Grant 3the application to file a late claim on behalf of ______ and refer to County Counsel. 4. Approve the claim of ______ amount of _____ and reject it as to the balance, if any, and refer to County Counsel. <u>5. Reject the claim of _____</u> insufficiently filed and refer to County Counsel. RISK MANAGEMENT COUNTY COUNSEL cc: Charles Moody, Administrator Health Services Agency

PFR 5107 Rev. 4/97

LTR9.WPT

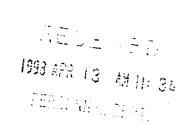
Cecilia Espinola, Administrator

Human Resources Agency



CLAIM AGAINST **THE** COUNTY OF SANTA **CRUZ** (Pursuant to section 9 10 et Seq., Govt. Code)

TO: BOARD OF SUPERVISORS COUNTY OF SANTA CRUZ ATTN: Clerk of the Board Governmental Center 70 l Ocean Street, Santa Cruz, CA 95060



Claimant's Name: _	ZOMETA CALE REYNOLDS
Address: _	2/2 B CAREY AVE
	FREEDOM CA
Phone No:	(408) 728-8922
Occurrence: OU!	notices are to be sent: JANET MCKINEY (RISK MAQQOR 144 OF SANTA CRUZ HUMAN RESOURCES Age
Date: 47- 7-	98 Place: H9 W. Beach St. Watsonville.
Circumstances of	occurrence or transaction giving rise to claim: DO TO FALL IN
BATH	Room, over wet Foot Floor.
	· ·
General description	of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
<u> </u>	NHCh (which Cause myself
Lito- Co	ONSCIOLS Lea 3 NECK and Back
I'W jury	BACK Which Cause myself ONSCIONS Lea 3 NECK and Back
Name(s) of public e	employee(s) causing injury, damage or loss, if known:
Lady W	orked the Front desk came to help,
Amount claimed no	s 7000.00
Estimated amount	of future loss, if known
	TOTALS 7,000,00
Basis for above co	
If the amount claim	ed is over S 10,000, indicate the court of jurisdiction:
•	Municipal Court Superior Co
CLAIMANT'S S	GNATURE: 2 mil & Resnolds
	e presented to Clerk, Board of Supervisors, within six (6) months after the act which occasion
the injury.	abilities ACT questions or requests for accommodations my be directed to the ADA Coordina 454-2 123).