



OFFICE OF THE  
COUNTY COUNSEL

COUNTY OF SANTA CRUZ

GOVERNMENT CENTER  
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701 OCEAN STREET, ROOM 505, SANTA CRUZ, CALIFORNIA 95060-4068

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LEE GULLIVER  
DANA McRAE

**GOVERNMENT TORT CLAIM**

**RECOMMENDED ACTION**

Agenda May 19, 1998

ASSISTANTS

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 2he 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 \_\_\_\_\_ in the amount of \_\_\_\_\_ and reject it as to the balance, if any, and refer to County Counsel.

5. Reject the claim of \_\_\_\_\_ as insufficiently filed and refer to County Counsel.

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

BY Elle Lewis

cc: Charles Moody, Administrator  
Health Services Agency  
Cecilia Espinola, Administrator  
Human Resources Agency

LTR9.WPT



CLAIM AGAINST THE COUNTY OF SANTA CRUZ  
(Pursuant to section 910 et Seq., Govt. Code)

798 4905

RECEIVED  
1998 APR 13 AM 11:36  
PERMISSION DEPT.

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

1. Claimant's Name: ZOMETA GALE REYNOLDS  
Address: 212 B CARLEY AVE  
FREEDOM CA  
Phone No: (408) 728-8922

P.O. Box to which notices are to be sent: JANET MCKINNEY (RISK MANAGER)  
2. Occurrence: COUNTY OF SANTA CRUZ HUMAN RESOURCES AGENCY  
Date: 4-7-98 Place: H9 W. BEACH ST, WATSONVILLE, CA.  
Circumstances of occurrence or transaction giving rise to claim: DO TO FALL IN 95076  
BATH ROOM, OVER WET FLOOR

3. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:  
HEAD-BACK, WHICH CAUSE MYSELF  
LTO CONSCIOUS, LEGS, NECK AND BACK  
INJURY.

5. Name(s) of public employee(s) causing injury, damage or loss, if known: UNKNOWN ONE  
LADY WORKED THE FRONT DESK CAME TO HELP.

6. Amount claimed now ..... \$ 7,000.00  
Estimated amount of future loss, if known ..... \$ UNKNOWN  
TOTALS 7,000.00

7. Basis for above computations: \_\_\_\_\_

8. If the amount claimed is over \$ 10,000, indicate the court of jurisdiction:  
\_\_\_\_\_ Municipal Court \_\_\_\_\_ Superior Court

CLAIMANT'S SIGNATURE: Zometa G Reynolds

Note: Claim must be presented to Clerk, Board of Supervisors, within six (6) months after the act which occasioned the injury.

Americans with Disabilities Act questions or requests for accommodations may be directed to the ADA Coordinator at 454-2962 (TDD 454-2 123).