

OFFICE OF THE
COUNTY COUNSEL



COUNTY OF SANTA CRUZ

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

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

DWIGHT L. HERR
COUNTY COUNSEL

DEBORAH STEEN
SAMUEL TORRES, JR.
CHIEF ASSISTANTS

GOVERNMENT TORT CLAIM RECOMMENDED ACTION

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

ASSISTANTS

Agenda June 9, 1998

To: The Board of Supervisors

Re: Claim of Maria Gutierrez, No. 798-131

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 Maria Gutierrez, No. 798-131 and refer to County Counsel.

Deny 2 the application to file a late claim on behalf of _____ and refer to County Counsel.

3. Grant the 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.

cc: Roy Holmberg, Director
General Services Department

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

By [Signature]

LTR9.WPT

PER 5107 Rev. 4/97

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

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



10

1. Claimant's Name: Maria Gutierrez
Address: 2245 S. Rodeo Gulch Rd
Santa Cruz CA 95062
Phone No: (408) 479-4233

P.O. Box to which notices are to be sent: _____

2. Occurrence: Slipped and fell
Date: 4-21-98 Place: Santa Cruz County Jail

Circumstances of occurrence or transaction giving rise to claim: Slipped on the pebble path
way that descends into the entrance of the building.
8:40 on the section front section where I slipped is
shaded by trees and still moist with morning dew.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
injured sitting on right leg I have pain in lower back.
went to see doctor's on duty same day of incident \$121
I plan to consult a chiropractor

5. Name(s) of public employee(s) causing injury, damage or loss, if known: _____

6. Amount claimed now. \$ 121
Estimated amount of future loss, if known \$?
TOTAL \$ \$121 + ?

7. Basis for above computations: Doctors on Duty fee \$121 plus
Chiropractor's X number of visits.

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

CLAIMANT'S SIGNATURE: Maria Gutierrez

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 454-2123).