

OFFICE OF THE
COUNTY COUNSEL



COUNTY OF SANTA CRUZ

GOVERNMENT CENTER
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CHIEF ASSISTANTS

GOVERNMENT TORT CLAIM RECOMMENDED ACTION

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JANE M. SCOTT
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TAMARA 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. 798-132

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:

1. ^X Deny the claim of Maria Gutierrez, No. 798-132 and refer to County Counsel.

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

Grant 3 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: Mark Tracy, Sheriff-Coroner

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

By Elaine Lewis

LTR9.WPT

PER 5 107 Rev. 4/97

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
701 Ocean Street, Santa Cruz, CA 95060



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

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

2. Occurrence: Police kicked in front door
Date: 11-70-97 Place: 2245 S. Rodeo Gulch
Circumstances of occurrence or transaction giving rise to claim: 7 am Family a sleep
and didn't hear police knocking. Police
kicked in door breaking in to serve a
search warrant

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
\$ 125.00 Replace door.

\$ 400 Cash from my bedroom. My husband told
Lee Sepulveda that he had ^{Rent} money and wanted to retrieve. The Sgt. ^{Said not}

5. Name(s) of public employee(s) causing injury, damage or loss, if known: Sgt Lee Sepulveda
and others

6. Amount claimed now \$ 525

Estimated amount of future loss, if known \$ —

TOTAL \$ 525

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: 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 454-2 123).