

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
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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 16, 1998

To: The Board of Supervisors

Re: Claim of Katrina Bagnasco, No. 798-145

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. Deny the claim of Katrina Bagnasco, No. 798-145 and refer to County Counsel.
- ☐ 2. Deny 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: Mark Tracy, Sheriff-Coroner

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

By Elaine Lewis

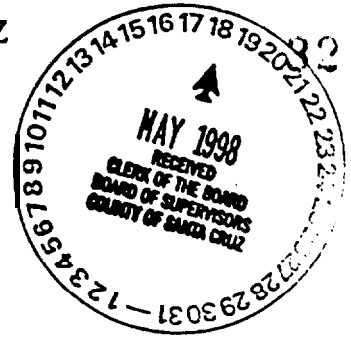
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PER5 107 Rev 4/97

MO-145

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: Katrina Bagnasco
Address: 3345 Saunders Ln.
Santa Cruz, CA 95062
Phone No: (408) 476-4724 or (408) 462-3590
P.O. Box to which notices are to be sent: See above
2. Occurrence: Car accident
Date: 3/28/98 Place: Intersection at 17th Avenue and Brommer Street
Circumstances of occurrence or transaction giving rise to claim: See attached papers.
4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
The car being totalled, minor neck
injury and tearing.
5. Name(s) of public employee(s) causing injury, damage or loss, if known: George Brinten Jack
6. Amount claimed now \$ 14,000.00
Estimated amount of future loss, if known unknown
TOTALS Unknown
7. Basis for above computations: Value of car given by Farmers Insurance
claim adjuster, towing & repair costs.
8. If the amount claimed is over \$ 10,000, indicate the court of jurisdiction:
_____ Municipal Court _____ Superior Court

CLAIMANT'S SIGNATURE: Katrina Bagnasco

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).

At the time and place listed I was entering the intersection at a green light, traveling at approximately 25 mph. The view to my left was obstructed by a line of cars in the westbound left-turn lane. I heard a siren only right before I was entering the intersection. Upon entering the intersection I was struck on the left-hand side of my car, from the left front tire to just past the drivers side door. I was struck by a Sheriff's car, driven by deputy Jack. My car was totalled as a direct result of the officer's negligence to clear the intersection. This accident would not have occurred if the officer did not run a red light.