

OFFICE OF THE
COUNTY COUNSEL



COUNTY OF SANTA CRUZ

35

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

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

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

DWIGHT L. HERR
COUNN COUNSEL

DEBORAH STEEN
SAMUEL TORRES, JR.
CHIEF ASSISTANTS

GOVERNMENT TORT CLAIM
RECOMMENDED ACTION

Agenda June 16, 1998

ASSISTANTS

To: The Board of Supervisors

Re: Claim of Klaudia Moreno, No. 798-150 Amended

Original Document and associated materials are on file at the Clerk to the Board of Supervisors,

In regard to the abovereferenced claim, this is to recommend that the Board take the following action:

1. ^X Deny the claim of Klaudia Moreno, No. 798-150 Amended 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: John Fantham, Director
Department of Public Works

RISK MANAGEMENT

By Janet McKinley

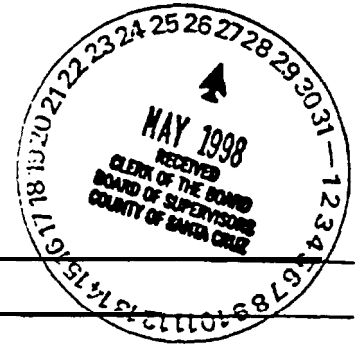
COUNTY COUNSEL

By [Signature]

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: Klaudia Moreno
Address: 50 Rocking Ln #5
Freemont, Ca. 95019
Phone No: 768-7018

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

2. Occurrence: Car Damaged
Date: 4-10-98 Place: on Banport Rd.
Circumstances of occurrence or transaction giving rise to claim: making turn
Banport. went around corner
before I could swerve. Flew
over a big tree in road.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
Car dented car is also
shaking when driven and popping
noise like it is joints popping out

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

6. Amount claimed now \$ 3500.00
Estimated amount of future loss, if known \$ 0
TOTAL \$ 3500.00

7. Basis for above computations: see estimate

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

CLAIMANT'S SIGNATURE: Klaudia Moreno

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).