

OFFICE OF THE
COUNTY COUNSEL



COUNTY OF SANTA CRUZ

GOVERNMENT CENTER
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GOVERNMENT TORT CLAIM RECOMMENDED ACTION

Agenda June 23, 1998

To: The Board of Supervisors

Re: Claim of Carol L. Basnight, No. 798-143 Amended

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 Carol L. Basnight, No. 798-143 Amended and refer to County Counsel.

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

~~C-rar~~ 2. Deny 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 Barret McKinley

COUNTY COUNSEL

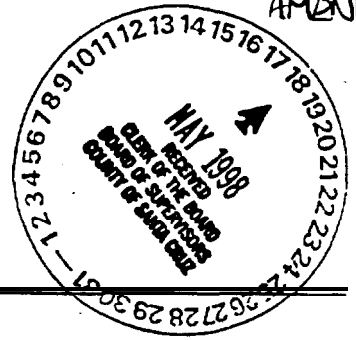
By Deborah Steen

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



1. Claimant's Name: CAROL L. BASWORTH
Address: 1380 AIR TERRACE
BEN LOMOND CA 95005
Phone No: 408-336-5684

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

2. Occurrence: CAME IN HOME -
Date: 11/16/98 Place: 1380 AIR TERRACE

Circumstances of occurrence or transaction giving rise to claim: SEARCH HOUSE

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
ARTIQUE COLLECTOR DOLL - 1 MED-SIZE SPEAKER
(BROKEN) (DAMAGED)

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

6. Amount claimed nowS 350.00
Estimated amount of future loss, if known
TOTAL S 350.00

7. Basis for above computations: DOLL - NOT REPLACEABLE

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

CLAIMANT'S SIGNATURE: Carol L. Basworth 5/18/98

Note: Claim must be presented to Cl& 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).