

OFFICE OF ME
COUNTY COUNSEL



COUNTY OF SANTA CRUZ

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda June 23, 1998

To: The Board of Supervisors

Re: Claim of Thomas Trocki, No. 798-147

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 Thomas Trocki, No. 798-147 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: John Fantham, Director
Department of Public Works

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

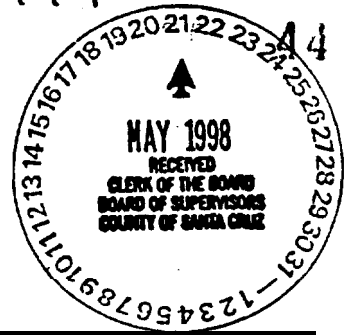
By DeJewis

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: THOMAS TROCKI
Address: 2646 BARBARA WAY
SAN JOSE, CA. 95125
Phone No: 408 269 6807
P.O. Box to which notices are to be sent: _____
2. Occurrence: TREE FALL ON HOUSE
Date: 2/7/98 Place: 4015TH AVE, SANTA CRUZ
Circumstances of occurrence or transaction giving rise to claim: STORM CAUSED TREE
TO FALL ON 4015TH AVE HOUSE. TREE IS BELIEVED
TO BE ON COUNTY PROPERTY, NOT ON THE
CLAIMANT'S PROPERTY.
4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
ALLSTATE INSURANCE PAID \$7,332.64 TO
CLAIMANT OF THE TOTAL OF \$8032.64. THIS IS A
\$700 LOSS TO CLAIMANT DUE TO TREE DAMAGE
5. Name(s) of public employee(s) causing injury, damage or loss, if known: N/A
6. Amount claimed now \$ 700
Estimated amount of future loss, if known \$ 0
TOTAL \$ 700
7. Basis for above computations: ALLSTATE CLAIM # 4962488566
8. If the amount claimed is over \$ 10,000, indicate the court of jurisdiction:
N/A Municipal Court N/A Superior Court
CLAIMANT'S SIGNATURE: Thomas Trocki

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).