OFFICE OF THE COUNTY COUNSEL

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## COUNTY OF SANTA CRUZ

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

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June 23, 1998

HARRY A. CBERHELMANIII
MARIE COSTA
JANE M. SCOTT
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TAMYRA CCOE
PAMELA FYFE
ELLEN LEWIS
KIM BASKETT
LEE GULLIVER
CANA McRAE

**ASSISTANTS** 

## **GOVERNMENT TORT CLAIM**

## **RECOMMENDED ACTION**

'Agenda

To: Board	d of Supervisors
Re: Clain	n of Kevin Gambucci, No. 798-158
Original D	Document and associated materials are on ile at the Clerk to the Board of Supervisors.
In regard	d to the above-referenced claim, this is to recommend that the Board take the following
1. X	Oeny the claim of Kevin Gambucci, No. 798-158 snc refer to County Counsel.
2.	Oeny the application to file a late claim an behalf of and refer to County Counsel.
3.	C-rant 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: J	ohn Fantham, Director FISK MANAGEMENT

COUNTY COUNSEL

LTR9 WPT

PEP 5107 Rev. 4/97

Department of Public Works

TO: BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ
ATTN: Clerk of the Board
Governmental Center
Of Ocean Street Santa Cruz. CA 95060

			ental Center Santa <b>Cruz,</b> CA 9500	60 (1)	JUN 1998	
Claimant's 1	Name: Kevi,	2 Gambuce		783	SUMMER OF SPACE CO.	8/9/
Ad	dress: <u>PoBox</u>	7/6			E 252 17 57 19	230
	Ben C	omond Ca	95005	·		
Pho	ne No: <u>336</u> -	- 05 03				
P.O. Box to	which notices are to	be sent: $\rho_c B c$	x 7/6 Ben	lomond	<u>(a. 950</u>	005
	Danaged f					
Date: <u>6/</u>	2/98 PI	ace: 2nd tui	n Gridge Sus	th bound	High way 9	8 Fultor
Circumstan	aces of occurrence of	or transaction giving	g rise to claim: $\overline{\mathcal{I}}$	was trava	ling behind	la_
	ertruck who					•
	he road. The					
UP all General des	offthe for over the from scription of indebted	o and back - int of my tr iness, obligation, inj	vides of the to wek and my ury, damage or loss	ruck with undshe incurred so far	n in fuin in i	bouncae :
	insheild in my					
	ng and of					
	<i>v</i>					
Name(s) of	public employee(s)	causing injury, dama	age or loss, if known	n: <u>Trans fo</u>	ir + ruck o	wnd
6y · 5+	te of Colifornia	n, or Sonta (	ruz County?			
Amount cla	imed now			<u>३</u>	84.49	
Estimated a	mount of future loss,	if known		s <u> </u>	2	
				TOTAL \$		
Basis for al	pove computations:	Cost tore	place winshill	d of truc	K	
		_				
If the amou	ant claimed is over \$	10,000, indicate the	court of jurisdiction	:		
		Municipal Cour	t		Su	perior Cou
CLAIMAN	T'S SIGNATURE:	_ Kevin Far	bui			
Note: Claim the injury.	n must be presented	to Clerk, Board of S	Supervisors, within si	ix (6) months a	fter the act which	h occasion

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Plute # on truck 324553 EDInte