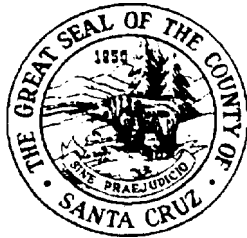


OFFICE OF THE
COUNTY COUNSEL



COUNTY OF SANTA CRUZ

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

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

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DEBORAH STEEN
SAMUEL TORRES, JR.
CHIEF ASSISTANTS

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda August 18, 1998 ASSISTANTS

To: The Board of Supervisors

Re: Claim of Howard Anthony Moniz, No. 899-002

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 Howard Anthony Moniz, No. 899-002 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: Mark Tracy, Sheriff-Coroner

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

By [Signature]

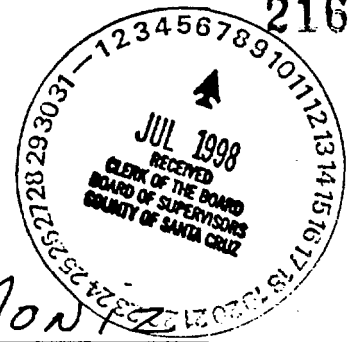
LTR9.WPT

899-002

216

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
70 1 Ocean Street, Santa Cruz, CA 95060



1. Claimant's Name: Howard Anthony Mon
Address: 6243 Camino Del Lago
Pleasanton Ca 94566
Phone No: (9 a s) 426-7105

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

2. Occurrence: Assault & Brutality

Date: May 30, 1998 Place: Santa Cruz County Jail

Circumstances of occurrence or transaction giving rise to claim: Visiously & Brutally
assaulted by several Jail guards without
provocation & resulting in lasting & continuing
head trauma.

4. General description of indebtedness, obligation., injury, damage or loss incurred so far as is now known:

County needs to reimburse for pain &
suffering, penalty costs, loss of wages
& future earnings & damages.

5. Name(s) of public employee(s) causing injury, damage or loss, if known: UNKNOWN but
will attempt to find out.

6. Amount claimed now \$ 5,000,000.00

Estimated amount of future loss, if known \$ 3,000,000.00

TOTAL \$ 8,000,000.00

7. Basis for above computations: Extreme & continuing headaches
and discomfort - Brutality in excess and indifference.

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

CLAIMANT'S SIGNATURE Howard G. Monny

Note: Claim must be presented to Clerk, Board of Supervisors, within six (6) months after the act which occasioned the injury.