

OFFICE OF THE  
COUNTY COUNSEL



COUNTY OF SANTA CRUZ

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

DWIGHT L. HERR  
COUNTY COUNSEL

DEBORAH STEEN  
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CHIEF ASSISTANTS

## GOVERNMENT TORT CLAIM RECOMMENDED ACTION

HARRY A. OBERHELMAN III

MARIE COSTA  
JANE M. SCOTT  
RAHN GARCIA  
TAMYRA CODE  
PAMELA FYFE  
ELLEN LEWIS  
KIM BASKETT  
LEE GULLNER  
DANA McRAE

ASSISTANTS

Agenda August 18, 1998

To: The Board of Supervisors

Re: Claim of Marilyn Schabot, No. 899-013B

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 Marilyn Schabot, No. 899-013B 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

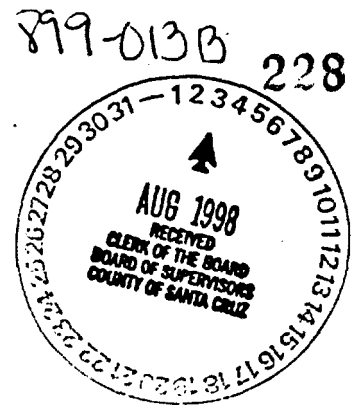
By E. Lewis

LTR9 WPT

PER 5107 Rev 4/97

CL. VS UNST THE COUNTY OF SANTA CRUZ  
(Plaint 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: SCHARILYN

Address: 220 MOOSEHEAD DRIVE

APTOS, CA 95003

Phone No: \_\_\_\_\_

P.O. Box to which notices are to be sent: \_\_\_\_\_

2. Occurrence: EUCALYPTUS TREE FALLEN ONTO HOUSE

Date: 2-6-98 Place: 3211 FAIRWAY DRIVE, SOQUEL; CALIFORNIA

Circumstances of occurrence or transaction giving rise to claim: COUNTY OWNED TREE - ER  
GROWN AND IMPROPERLY MAINTAINED - FELL ONTO HOUSE.

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

LOSS & DAMAGE TO PERSONAL PROPERTY, PERSONAL INJURY  
TEMPORARY HOUSING & MOVING COSTS

INCREASED RENTAL EXPENSES AND RENTAL DEPOSIT

5. Name(s) of public employee(s) causing injury, damage or loss, if known: RUSS ALBRECHT IN THE  
ENCORACHMENT AND DRIVEWAY DIVISION OF THE SANTA CRUZ CO. PUBLIC WORKS  
DEPT.

6. Amount claimed DOW.....\*.....\*\*.....S\_\_\_\_\_

Estimated amount of future loss, if known.....S\_\_\_\_\_

TOTAL \$ Damages approximating  
\$150,000.

7. Basis for above computations: DAMAGES AND REPAIRS HAVE YET TO BE FULLY  
PAID / O R E V A L U A T E D

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

Municipal Court XXXX Superior Court

CLAIMANT'S SIGNATURE: [Signature] / STEPHEN N. COLE

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 454-2123).