

OFFICE OF THE
COUNTY COUNSEL



COUNTY OF SANTA CRUZ

GOVERNMENT CENTER
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COUNTY COUNSEL

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CHIEF ASSISTANTS

GOVERNMENT TORT CLAIM RECOMMENDED ACTION

HARRY A. OBERHELMAN III

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

ASSISTANTS

Agenda August 18, 1998

To: The Board of Supervisors

Re: Claim of Devon Bleford, No. 899-013C

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 Devon Bleford, No. 899-013C 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

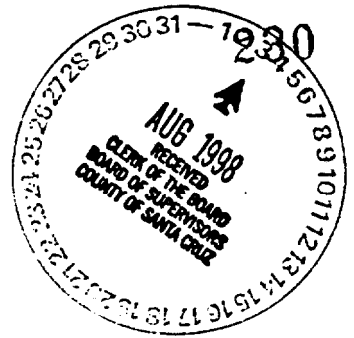
By [Signature]

LTR9.WPT

PER 5 107 Rev. 4/97

CL. 1. / UNST THE COUNTY OF SAN J Z
(P.uant to Section 910 et Seq., Govt. Code)

TO: BOARD OF SUPERVISORS
COUNTY OF SANTACRUZ
ATTN: Clerk of the Board
Governmental Center
701 Ocean Street, Santa Cruz, CA 95060



1. Claimant's Name: DRLEFORD
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: COURT REJECTED - 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 now \$ _____
Estimated amount of future loss, if known \$ _____
TOTAL \$ Damages approximating \$150,000.
7. Basis for above computations: DAMAGES AND REPAIRS HAVE YET TO BE FULLY
COMPLETED AND/OR EVALUATED
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).