

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

HARRY A. OBERHELMAN III
MARIE COSTA
JANE M. SCOTT
RAHN GARCIA
TAMYRA CODE
PAMELA FYFE
ELLEN LEWIS
KIM BASKETT
LEE GULLIVER
DANA McRAE

DWIGHT L. HERR
COUNTY COUNSEL

DEBORAH STEEN
SAMUEL TORRES, JR.
CHIEF ASSISTANTS

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda September 1, 1998 ASSISTANTS

To: The Board of Supervisors

Re: Claim of Mark A. Jones, No. 899-015

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 Mark A. Jones, No. 899-015 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: Barry Samuel, Director, POSCS

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

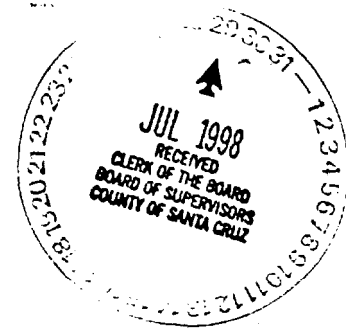
By Elaine Lewis

LTR9 WPT

PER 5 107 Rev. 4/97

CLAIM AGAINST THE COUNTY OF SANTA CRUZ
(Pursuant to Section 910 et Seq. of the Government Code)

TO: BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ
AT-TN: Clerk of the Board
Governmental Center
701 Ocean Street, Santa Cruz, CA 95060



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1. Claimant's Name: MARK A JONES
Address: PO 2591 SANTA CRUZ CA
95063
Phone No: ~~425-3025~~ 425 3075

P.O. Box to which notices are to be sent: PO 2591 SANTA CRUZ CA
95063

2. Occurrence: _____

Date: JULY 20 Place: Highway 1 around Park Ave. exit area
Circumstances of occurrence or transaction giving rise to claim: Rock Bounced off
of flat bed and struck my windshield,
putting a giant crack in it.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
cracked windshield 76 Ford

5. Name(s) of public employee(s) causing injury, damage or loss, if known: TRUCK #628
Park Dept. ISC # (E) 085020

6. Amount claimed now \$ 150.00
Estimated amount of future loss, if known \$ _____

TOTAL \$ _____

7. Basis for above computations: This is what it will cost to fix
\$80 for shield \$65 \$75 ~~plus~~ to install

8. If the amount claimed is over \$10,000, indicate the court of jurisdiction: Coast auto - shield
petting glass - installed
_____ Municipal Court _____ Superior Court

CLAIMANT'S SIGNATURE: Mark Jones

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).