

OFFICE OF THE
COUNTY COUNSEL



COUNTY OF SANTA CRUZ

GOVERNMENT CENTER
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GOVERNMENT TORT CLAIM
RECOMMENDED ACTION

Agenda September 22, 1998

To: The Board of Supervisors

Re: Claim of Mr. Matt Cusimano and Family, No. 899-020

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:

1. Deny the claim of Mr. Matt Cusimano and Family, No. 899-020 and refer to County Counsel.

Deny ~~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]

LTRQ.WPT

PER 5107 Rev. 4/97

CLAIM AGAINST THE COUNTY OF SANTA CRUZ
(Pursuant to Section 9 10 et Seq., Govt. Code)

899-08000 32



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: MR. MATT CUSIMANO AND FAMILY
Address: 267 Aptos Beach Drive
Aptos, CA 95003
Phone No: 408 685-2350

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

2. Occurrence: Unlawful entry of my home, false arrest of my son.
Date: 2/18/98 Place: 267 Aptos Beach Drive, Aptos.

Circumstances of occurrence or transaction giving rise to claim: At approximately 10:00 p.m. three deputy Sheriff Officers pounded on my door demanding to see my son, John Cusimano. I clearly stated that I did not want them in my home. However, Officer Valenzuela burst into my living room.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: causing my entire family to be very frightened. They arrested my son without legal ground. I will have to pay Attorney fees for the defense of my son. My entire family has been greatly traumatized by the incident. If this demand is denied, I will face additional Attorney fees.

5. Name(s) of public employee(s) causing injury, damage or loss, if known: _____
Deputy Valenzuela, Deputy Howton and an unnamed third officer.

6. Amount claimed now \$ 2,000.00

Estimated amount of future loss, if known \$ 10,000.00

TOTALS 12,000.00

7. Basis for above computations: Emotional distress of all family members (6)
2. Above cited legal fees.

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

CLAIMANT'S SIGNATURE: Matt Cusimano 8/11/98

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 454-2 123).