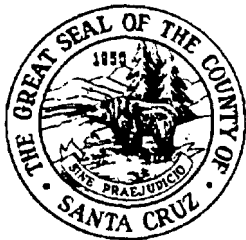


OFFICE OF THE  
COUNTY COUNSEL



COUNTY OF SANTA CRUZ

GOVERNMENT CENTER  
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CHIEF ASSISTANTS

## GOVERNMENT TORT CLAIM RECOMMENDED ACTION

Agenda September 22, 1998

To: The Board of Supervisors

Re: Claim of Randy Kelley, No. 899-025

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. D e n y t h e c l a i m o f Randy Kelley, No. 899-025 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 Blawie

LTR9.WPT

PER 5107 Rev. 4/97

CLAIM AGAINST THE COUNTY OF SANTA CRUZ  
(Pursuant 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: RANDY KELLEY  
Address: 4786 FREEDOM BLVD.  
ARIZONA CA 95003  
Phone No: 728 1039 ROBER 6817643

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

2. Occurrence:  
Date: 8/11/98 Place: SMITH GRADE & WARREN DR

Circumstances of occurrence or transaction giving rise to claim: I WAS WAITING AT THE STOP SIGN ON WARREN DR. WHEN COUNTY EMPLOYEE DIRECTED ME TO PROCEED LEFT ON SMITH GRADE. A COUNTY DUMP TRUCK ON THE RIGHT, A SOFT SHOULDER ON THE LEFT, THE COUNTY EMPLOYEE INTO THE TRUCKS BUMPER BEFORE REACHING CLEARING AHEAD. THERE WAS A WITNESS ON THE SCENE.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:  
EIGHT REAR QUARTER PANEL OF MY PICK UP WAS DAMAGED.

5. Name(s) of public employee(s) causing injury, damage or loss, if known: \_\_\_\_\_

6. Amount claimed now ..... S 1740.00

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

TOTAL S \_\_\_\_\_

7. Basis for above computations: \_\_\_\_\_

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

\_\_\_\_\_ Municipal Court \_\_\_\_\_ Superior Court

CLAIMANT'S SIGNATURE: Randy Kelley

**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).