

OFFICE OF THE
COUNTY COUNSEL



COUNTY OF SANTA CRUZ

GOVERNMENT CENTER
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ASSISTANTS

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda October 6, 1998

To: The Board of Supervisors

Re: Claim of Christopher Hope Merrill, No. 899-032

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 Christopher Hope Merrill, No. 899-032 and refer to County Counsel.
2. Deny the application to file a late claim on behalf of _____ and refer to County Counsel.
- 3 . Grant 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: Dinah Phillips, County Administrative Office

By Janet M. Murley

COUNTY COUNSEL

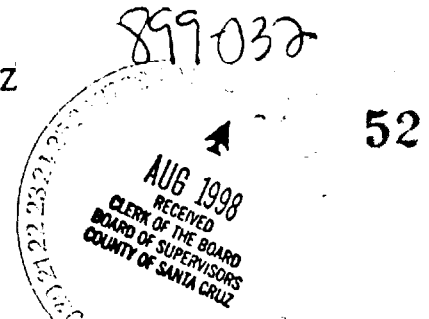
By E. E. Lewis

LTR9.WPT

PER 5 107 Rev. 4/97

CLAIM AGAINST THE COUNTY OF SANTA CRUZ
(Pursuant to Section 9 10 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: CHRISTOPHER HOPE MERCILL
Address: 713 R RIVERSIDE AVE. SANTA CRUZ

Phone No: 466-0853

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

2. Occurrence: _____

Date: _____ Place: _____

Circumstances of occurrence or transaction giving rise to claim: on 8/20 I went to the SPCA only to find that my cat had been brought in by a neighbor on Campbell St. on 8/17/98, and was euthanized by SPCA staff w/in

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: in 4 hours
1) wrongful death because

2) didn't follow policy (which states any animal "unable to be kept" may be euthanized by SPCA) - anticipated

5. Name(s) of public employee(s) causing injury, damage or loss, if known: I spoke w/ Myah (employee) & both supervisors according to them.

6. Amount claimed now: Karla said a mistake was made
Estimated amount of future loss, if known: \$ she would pursue an investigation undecided

TOTAL \$ _____

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: Christopher H. Mercill

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).