COUNTY OF SANTA CRUZ

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
ASSISTANTS

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda _OCTOBER 27, 199a_

To: The Board of Supervisors

Re: Claim of _DIANE BERRY, No. 899-036_

Original Document and associated materials are on file at the Clerk to the Board of Supervisors.

In regard to the aborereferenced claim, this is to recommend that the Board take the following action:

1. X Deny the claim of _DIANE BERRY, No. 899-036_ 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: MARK TRACY,
SHERIFF-CORONER

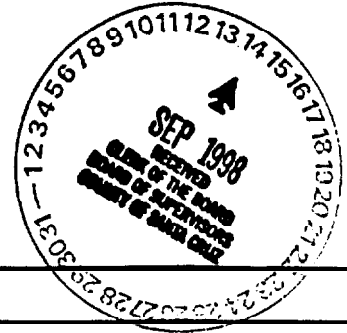RISK MANAGEMENT

By _Janet McKinley_

COUNTY COUNSEL

By _Ellen Lewis_

LTR9.WPT

PER 5107 Rev. 4/97

299-036

CLAIM AGAINST THE COUNTY OF SANTA CRUZ
(Pursuant to Section 910 et Seq., Govt. Code)

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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: _Diane Berry_

   Address: _10775 Lompico Rd_

   Felton, Ca 95018

   Ph. No: _408-335-4294_

   P.O. Box to which notices are to be sent: _Loss and Loss of use + Injury_

2. Occurrence: _Damage to Fence, Injury to Dog And Fire, Me truck-loss Phen_

   Date: _8/17/98_   Place: _10775 Lompico Rd Felton, Ca 95018_

   Circumstances of occurrence or transaction giving rise to claim: _See Sheriff's Report - My son, Burton W was at the site at the time that the SWAT team was sent out. Burton Iles is a Police Officer for Watsonville and Son David Iles were present when the Keys to all gates, Door Auto_

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: _Given to The Sheriff's Deputy (damage the gate And Side of Fence. The Officers were given Keys to the gates but cut and damaged gates They had to Be Replaced And Side of Fence Repaired._

5. Name(s) of public employee(s) causing injury, damage or loss, if known: _The Sheriff's Deputy See Report. Also Tire on truck Was damage Because they propped_

6. Amount claimed now .... $ _740.00_
   Dog Injury to Fence at Damage Gate
   Estimated amount of future loss, if known ... _Tire_ .... $ _17.00_
   The Dog was hit on head + sides Face, not healed   TOTAL $ _200.00_

7. Basis for above computations: _Well Wet Bell_   _1,027.00_
   640.00 Gas bill with tire, Dog Destroyed, goliath to Repair Fence

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

   _____ Municipal Court   _____ Superior Court

   CLAIMANT'S SIGNATURE: _Elaine Diane Walberry_

   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).

13 _Notice, I am not charging Loss Wage but I am charging to the Fence + Gate, Injury this Dog was unfixable. The Abuse to Animal_