



OFFICE OF THE
COUNTY COUNSEL

COUNTY OF SANTA CRUZ

GOVERNMENT CENTER
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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda OCTOBER 27, 1998

To: The Board of Supervisors

Re: Claim of BRYAN ANDRUS, NO. 899-037A

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 BRYAN ANDRUS, NO. 899-037A 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
CHARLES MOODY, ADMINISTRATOR, HSA

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

By [Signature]

LTR9.WPT

CLAIM AGAINST THE COUNTY OF SANTA CRUZ
(Pursuant to Section 910 cc 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 BRYAN ANDRUS
Attorney's
2. Claimant's Address 2600 Fresno Street
Attorney's
Claimant's Phone No. (831) 470-4475

2. Post Office address to which Notices are to be sent:
SAME AS ABOVE

3. Occurrence:
Date: March 15, 1998 and Place: Button Street and Jail

Circumstances of Occurrence or Transaction giving rise to Claim:
After I had been shot 4 times by the SCPD, the sheriff's department failed to attend to my
medical needs and then the district attorney's office wrongfully prosecuted me for assault
on a police & 5: m-

4. General description of Indebtedness, Obligation, Injury, Damage or Loss
-Incurred so far as is now known: Unknown

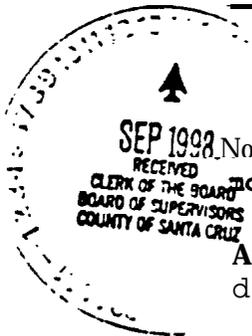
5. Name or Names of Public, Employee or Employees causing injury, damage or loss,
if known: Unknown.

6. Amount claimed now \$ Unknown at present
Estimated amount of future loss, if known. \$
TOTAL \$

7. Basis of above computations

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

Signature: Kate Wells
CLAIMANT'S SIGNATURE KATE WELLS
Attorney's



Notice: Claim must be presented to Clerk, Board of Supervisors, within 6 (six)
months after the act which occasioned the Injury.

American with Disabilities Act questions or requests for accommodations may be
directed to the ADA Coordinator at 454-2530, TDD number 454-2924.

RM 9001