

OFFICE OF THE  
COUNTY COUNSEL



COUNTY OF SANTA CRUZ

GOVERNMENT CENTER  
(408)454-2040  
FAX(408)454-2115

701 OCEAN STREET, ROOM 505, SANTA CRUZ, CALIFORNIA 95060-4068

HARRY A. OBERHELMAN III  
MARIE COSTA  
JANE M. SCOTT  
RAHN GARCIA  
TAMYRA CODE  
PAMELA NFE  
ELLEN LEWIS  
KIM BASKETT  
LEE GULLIVER  
DANA McRAE

ASSISTANTS

DWIGHT L. HERR  
COUNTY COUNSEL

DEBORAH STEEN  
SAMUEL TORRES, JR.  
CHIEF ASSISTANTS

## 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:

1X Deny the claim of BRYAN ANDRUS, NO. 899-037A and refer to County Counsel.

Deny the application to file a late claim on behalf of \_\_\_\_\_ and refer to County Counsel.

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: MARK TRACY, SHERIFF-CORONER  
CHARLES MOODY, ADMINISTRATOR, HSA

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

By Chafewis

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

2. ~~XXXXXXXXXX~~ Attorney's  
Claimant's Address 2600 Fresno Street

~~XXXXXXXXXX~~ Attorney's  
Claimant's Phone No. (831) 470-4475

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

3. SAME AS ABOVE  
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 time 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

Kate Wells  
CLAIMANT'S SIGNATURE KATE WELLS

SEP 1998  
RECEIVED  
CLERK OF THE BOARD  
BOARD OF SUPERVISORS  
COUNTY OF SANTA CRUZ

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