

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 FYFE
ELLEN LEWIS
KIM BASKETT
LEE GULLIVER
DANA McRAE

DWIGHT L. HERR
COUNTY COUNSEL

DEBORAH STEEN
SAMUEL TORRES, JR.
CHIEF ASSISTANTS

GOVERNMENT TORT CLAIM RECOMMENDED ACTION

Agenda OCTOBER 27, 1998 ASSISTANTS

To: The Board of Supervisors

Re: Claim of LORRIE ANDRUS/HANNAH ANDRUS, NO. 899-037B

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 LORRIE ANDRUS/HANNAH ANDRUS and refer to County Counsel. NO. 899-037B

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,
SHIRLEY GROWER

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

By DeJewis

LTR9.WPT

PER 5107 Rev. 4/97

899037B Andrus, L + 1/6

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 LORRIE ANDRUS / HANNAH ANDRUS
Attorney's

2. ~~Claimant's~~ Address 2600 Fresno Street, Santa Cruz, CA 95062

~~Claimant's~~ Attorney's Phone No. (831) 479-4475

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

SAME AS ABOVE

3. **Occurrence:** Officer's dog bite to the face and neck of the claimant

Date: March 15, 1998 Place: Live Oak Sheriff's substation.

Circumstances of Occurrence or Transaction giving rise to Claim:

After the SCPD had shot my husband 4 times, I was detained by the sheriffs for over

4 hours against my will. I was already emotionally upset and to have to sit there and be
and held was trauma on top of trauma. They held me and my daughter Hannah - we had no food, no
diapers. It was a terrible ordeal for both of us.

4. General description of Indebtedness, Obligation, Injury, Damage or Loss

Incurred so far as is now known: My daughter, Hannah and I both need counseling
to deal with the physical and emotional distress - Since we can not afford such
counseling we are not sure what the exact amount of the damage is.

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

6. Amount claimed now \$ Unknown

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

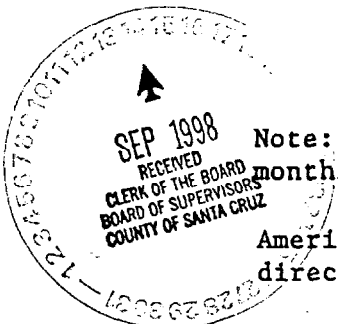
☒ Superior Court

Kate Wells
CLAIMANT'S SIGNATURE KATE WELLS

Attorney's

Note: 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

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