

OFFICE OF THE
COUNTY COUNSEL



COUNTY OF SANTA CRUZ

GOVERNMENT CENTER
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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda OCTOBER 27, 1998 ASSISTANTS

To: The Board of Supervisors

Re: Claim of SARAH FINK, NO. 899-040

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 SARAH FINK, NO. 899-040 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.: JOHN LANTHAM, DIRECTOR
DEPT. OF PUBLIC WORKS

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

By Ellen Lewis

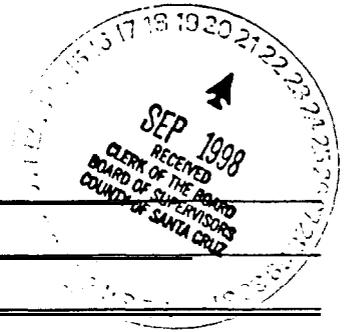
LTR9.WPT

PER 5 107 Rev. 4/97

CLAIM AGAINST THE COUNTY OF SANTA CRUZ
(Pursuant to Section 9 10 et Seq., Govt. Code)

899040 18

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: Sarah Fink
Address: 104B Marine Parade
Santa Cruz, CA 95062
Phone No: 831-471-7156

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

2. Occurrence: Bicycle Accident
Date: 9-11-98 Place: Stop Sign at Corner of 41st Ave and Opal Cliff Dr.

Circumstances of occurrence or transaction giving rise to claim: There was construction taking place at this location with no warning signs in the direction from which I was coming. The asphalt in front of the stop sign had not finished drying & there were little rocks.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
BROKEN Light & Broken Shifter on Right side of Bike.
plus many bruises & scrapes

5. Name(s) of public employee(s) causing injury, damage or loss, if known: _____

6. Amount claimed now S 40
Estimated amount of future loss, if known S unknown
TOTAL S 40

7. Basis for above computations: Sullivan's Bike shop

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

CLAIMANT'S SIGNATURE: Sarah Fink

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 4542962 (TDD 454-2 123).