

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

DWIGHT L. HERR
COUNTY COUNSEL

DEBORAH STEEN
SAMUEL TORRES, JR.
CHIEF ASSISTANTS

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

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

ASSISTANTS

Agenda November 10, 1998

To: The Board of Supervisors

Re: Claim of Ken Ward, No. 899-049

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:

X 1. Deny the claim of Ken Ward, No. 899-049 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 Fantham, Director
Department of Public Works

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

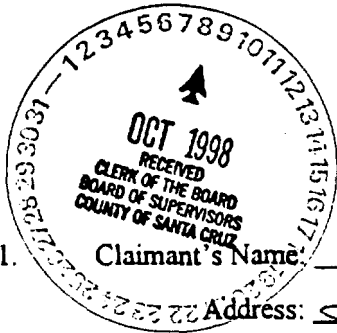
By Dejewis

LTR9.WPT

PER 5 107 Rev. 4/97

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

899 049 000 90
I have Contacted
Janet m Kinley
Riskmanagement
Div. Chief 454-2244
701 Ocean St. Rm 510



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: Ken Ward
Address: 200 Hiawatha RD.
Boulder Creek, CA 95006
Phone No: 538-1491

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

2. Occurrence: Accident

Date: 8-1-98 Place: Bear Creek RD.

Circumstances of occurrence or transaction giving rise to claim: workers left gravel
in Road. workers took a break while
they left hazardous gravel in the road.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
To be substantial to my honda helix which
has 7694.9 mileage

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

6. Amount claimed now \$ 3009.21

Estimated amount of future loss, if known \$ 0

TOTAL \$ 2009.21

7. Basis for above computations: ~~8/1~~

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

CLAIMANT'S SIGNATURE: Ken Ward

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).