

OFFICE OF THE
COUNTY COUNSEL



COUNTY OF SANTA CRUZ

GOVERNMENT CENTER
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CHIEF ASSISTANTS

GOVERNMENT TORT CLAIM
RECOMMENDED ACTION

Agenda December 8, 1998

ASSISTANTS

To: The Board of Supervisors

Re: Claim of Benjamin Tumbaga, No. 899-063

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 Benjamin Tumbaga, No. 899-063 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: Not County Jurisdiction

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

BY Elle Lewis

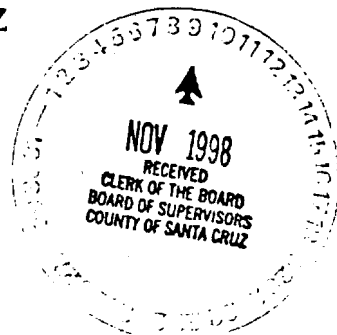
LTR9.WPT

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

899-063

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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: BENJAMIN TUMBAGA
Address: 31 JEHL AVENUE
FREEDOM, CA 95019
Phone No: 408/722-4225

LAW OFFICES OF RICHARD M. LESTER
P.O. Box to which notices are to be sent: 15910 VENTURA BLVD #1712 ENCINO, CA 91436

2. Occurrence: _____

Date: 06/20/98 Place: SR 129, 50 FEET E OF ROGGE LANE, COUNTY OF SANTA CR

Circumstances of occurrence or transaction giving rise to claim: _____

UNSAFE HIGHWAY CAUSED CLAIMANT AND OTHER VEHICLE TO COLLIDE.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:

CLAIMANT SUSTAINED A HEAD INJURY, LEFT HUMERUS FRACTURE, LEFT
WRIST FRACTURE, RIGHT HEEL INJURY, AND MULTIPLE ABRASIONS AND
CONTUSIONS. PROPERTY DAMAGE TO 1988 HARLEY DAVIDSON.

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

6. Amount claimed now \$ UNDETERMINED

Estimated amount of future loss, if known \$ UNDETERMINED

TOTAL \$ _____

7. Basis for above computations: _____

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

_____ Municipal Court _____ Superior Court

CLAIMANT'S SIGNATURE: Ben J. Tumbaga

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 454-2 123).