

OFFICE OF THE  
COUNTY COUNSEL



COUNTY OF SANTA CRUZ

GOVERNMENT CENTER  
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CHIEF ASSISTANTS

## GOVERNMENT TORT CLAIM

### RECOMMENDED ACTION

Agenda December 15, 1998

ASSISTANTS

To; The Board of Supervisors

Re: Claim of Robert G. Tanner, No. 899-064

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 Robert G. Tanner, No. 899-064 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: John Fantham, Director  
Department of Public Works

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

By Elaine Lewis

LTR9.WPT

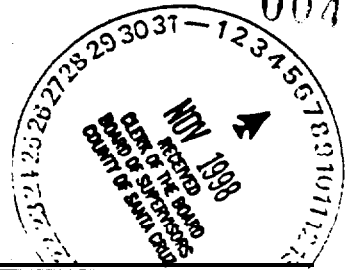
PER 5 107 Rev. 4/97

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

899-064

004

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: ROBERT G. TANNER  
Address: 9 OAKWOOD LANE,  
BOULDER CREEK, CA. 95006  
Phone No: 831-338-7002 (HOME) 831-761-6309 (WORK)  
P.O. Box to which notices are to be sent: DNA
2. Occurrence: HIT POT HOLE - FLATTENED 2 PASSENGER SIDE TIRES  
Date: 10-27-98 Place: BEAR CREEK RD. NEAR MARKER 8.36  
Circumstances of occurrence or transaction giving rise to claim: TRAVELLING NORTH ON  
BEAR CREEK RD AT 7PM COLLIDED WITH POT HOLE  
GOING 30-35 MPH. COLLISION IMMEDIATELY BLEW OUT  
PASSENGER SIDE TIRES (INSIDE SIDEWALL; UNREPAIRABLE)
4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:  
COUNTY SHOULD BE RESPONSIBLE FOR COST OF 2 NEW TIRES,  
AND ALL ASSOCIATED FEES (\$334.26); Alignment (\$53.46);  
TIME AWAY FROM WORK (8 HRS @ \$35/hr); TOW TRUCK (\$125.00)
5. Name(s) of public employee(s) causing injury, damage or loss, if known: \_\_\_\_\_
6. Amount claimed now ..... \$ 792.72  
Estimated amount of future loss, if known ..... \$ \_\_\_\_\_  
TOTAL \$ 792.72
7. Basis for above computations: DARK AREA (NO LIGHTING); SHOULDER LINE  
NOT VISIBLE DUE TO POT HOLE. UNSAFE DRIVING CONDITIONS
8. If the amount claimed is over \$ 10,000, indicate the court of jurisdiction:

\_\_\_\_\_ Municipal Court \_\_\_\_\_ Superior Court

CLAMANT'S SIGNATURE: Robert G. Tanner 11-5-98

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).