



OFFICE OF THE  
COUNTY COUNSEL

COUNTY OF SANTA CRUZ

GOVERNMENT CENTER  
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701 OCEAN STREET, ROOM 505, SANTA CRUZ, CALIFORNIA 95060-4068

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GOVERNMENT TORT CLAIM  
RECOMMENDED ACTION

Agenda December 15, 1998

ASSISTANTS

To: The Board of Supervisors

Re: Claim of Luis Daniel Rosales, No. 899-066

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 Luis Daniel Rosales, No. 899-066 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: Mark Tracy, Sheriff-Coroner

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

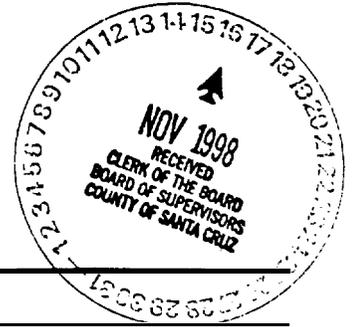
By Elaine Lewis

LTR9.WPT

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

899-066  
006

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: Luis Daniel Rosales  
Address: 117 Torrey Pine Terr  
Santa Cruz, Ca. 95060  
Phone No: \_\_\_\_\_

P.O. Box to which notices are to be sent: \_\_\_\_\_

2. Occurrence: Santa Cruz Police lost my wallet  
Date: July 5<sup>th</sup> 98 Place: Santa Cruz

Circumstances of occurrence or transaction giving rise to claim: I was arrested by officer Trip on July 5<sup>th</sup> when I got out of Jail I was told that my wallet and money had been lost.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:  
Black wallet w/ chain = \$40.00  
\$76.00 cash  
\$30.00 for Gym Membership

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

6. Amount claimed now ..... \$ 146.00  
Estimated amount of future loss, if known ..... \$ \_\_\_\_\_  
TOTAL \$ 146.00

7. Basis for above computations: Value of Items lost

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

CLAIMANT'S SIGNATURE: Daniel Rosales

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).