

OFFICE OF THE
COUNTY COUNSEL



COUNTY OF SANTA CRUZ

GOVERNMENT CENTER
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ASSISTANTS

GOVERNMENT TORT CLAIM RECOMMENDED ACTION

Agenda December 15, 1998

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

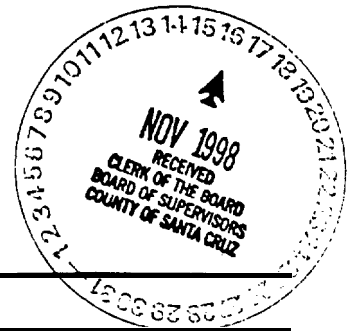
By Elaine Lewis

LTR9.WPT

PER 5107 Rev. 4/97

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

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 5th 98 Place: Santa Cruz
Circumstances of occurrence or transaction giving rise to claim: I was arrested
by officer Trip on July 5th 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).