OFFICE OF THE COUNTY COUNSEL

STANTA CRUIT.

COUNTY OF SANTA CRUZ

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

GOVERNMENT CENTER (408)454-2040 FAX(408)454-2115

> DWIGHT L. HERR COUNTY COUNSEL

DEBORAH STEEN SAMUEL TORRES, JR. CHIEF ASSISTANTS

LTR9 WPT

PER 5107 Rev. 4/97

GOVERNMENT TORT CLAIM RECOMMENDED ACTION

HARRY A. OBERHELMAN III

MARIE COSTA
JANE M. SCOTT
RAHN GARCIA
TAMYRA CODE
PAMELA FYFE
ELLEN LEWIS
KIMBASKETT
LEE GULLIVER
DANA McRAE

ASSISTANTS

Agenda January 12, 1999

To: The Bo	pard of Supervis	ors				
Re: Claim	of Benjamin	Robert	Leguillon	, No.	899-071	
Original Do	cument and ass	sociated i	materials are	on file	at the Clerk to the Board of Supervi	sors.
In regard t action:	o the aboverefe	renced cl	laim, this is t	to reco	mmend that the Board take the follo	owing
<u>1^X D</u> eny (the claim Counsel	of Benja	amin Rober	t Leg	uillon, No. 899-071 refer to C	ounty
	application to and refer to Cou			on be	nalf of	
	application to			on b	ehalf of <u>.</u>	
;	Approve the classification amount ofCounty Counsel.		6	and re j	ect it as to the balance, if any, and re	n the efer to
	ect the cla insufficiently filed				sel.	_ as
cc: Mari	K Tracy, Sher	iff-Cor	oner	F	RISK MANAGEMENT	
					By Jarot Mily COUNTY COUNTY COUNTY	
					<i>+</i> 0 ·	

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: Benjamin Robert Leguillon
	Address: 326 Mar Monte
	La Selva Beach, CA 95076
	Phone No: 831 - 684-1545
	P.O. Box to which notices are to be sent:
2.	Occurrence: Arrested and jailed (6 hrs) for driving on suspended
	Date: 6-25-98 Place: N:35 k.M. San Andreas Rd new Buena Vista
	Circumstances of occurrence or transaction giving rise to claim: I was stopped fusely,
	for having an improperly covered dumo load was
	Not owen citation It was covered well. I was
	arrested for driving with a suspended. I can't even Though
4) [Teneral description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
グと	Their computer into on my liceuse was faulty.
7	\$ (11) when 1 is in 1200 or
	Pacco & 10000 - 5000
5.	Name(s) of public employee(s) causing injury, damage or loss, if known: Officer Amy Christey
٥.	Deputy Moralls - bith SC. County Sheriffs
6.	Amount claimed now
	Estimated amount of future loss, if known
	TOTALS TOTALS
7.	Basis for above computations: — Was made to arrive the my
	lawyer settled the error by sharffe clipt for 1/2/mon
8.	If the amount claimed is over \$10,000, indicate the court of jurisdiction:
	Municipal Court superior court
	CLAIMANT'S SIGNATURE: Ben Legislan
	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).