

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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CHIEF ASSISTANTS

GOVERNMENT TORT CLAIM  
RECOMMENDED ACTION

ASSISTANTS

Agenda March 16, 1999

To: The Board of Supervisors

Re: Claim of Grover C. Merriman, No. 899-087

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 Grover C. Merriman, No. 899-087 and refer to County Counsel.

Deny 2 the application to file a late claim on behalf of \_\_\_\_\_ and refer to County Counsel.

3. 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: Barry Samuel, Director, POSCS

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

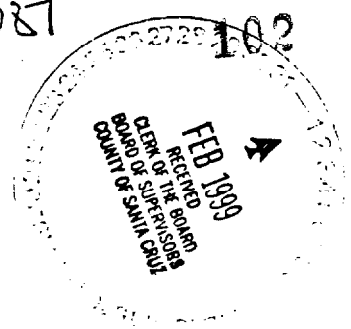
By Ellen Lewis

LTR9.WPT

PER 5 107 Rev. 4/97

899-087

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: GROVER C MERRIMAN  
Address: 114 BROOKSIDE DR  
WATSONVILLE CA 95076  
Phone No: 763-2354

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

2. Occurrence: 1432 FREEDOM BLVD

Date: 1-20-99 Place: WATSONVILLE, CA

Circumstances of occurrence or transaction giving rise to claim: \_\_\_\_\_

MY CAR WAS PARKED ON COUNTY PROPERTY  
AND 1 OF THE COUNTY'S TREES FELL ON  
MY CAR CAUSING DAMAGE

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

SEE THE ATTACHED QUOTE FOR REPAIRS  
TO MY CAR DUE TO THE COUNTY TREE  
FALLING ON MY CAR

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

6. Amount claimed now ..... \$ 5157.87

Estimated amount of future loss, if known ..... \$ \_\_\_\_\_

TOTALS 5157.87

7. Basis for above computations: SEE THE ATTACHED ESTIMATE  
FOR REPAIRS.

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

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

CLAIMANT'S SIGNATURE: Grover C Merriman

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).

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## FABIAN'S BODY SHOP

3921 SOQUEL DRIVE SOQUEL, CA 95673  
 (831) 476-4494  
 Fax: (831) 4760276  
 Tax ID: 770007346

Damage Assessed By: KEN GARLAND

Deductible: UNKNOWN

insured: GROVER MERRIMAN  
 Telephone: Home Phone(831) 763-2354

Mitchell Service: 919478

Description: 1990 Oldsmobile Eighty-Eight Royale  
 Body Style: 4D Sed  
 VIN: 1G3HN54C71H342346  
 Mileage: 132.636  
 OEM/ALT: 0

Drive Train: 3.8L Inj 6 Cyl AO

Search Code: None

Line item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	004290	BDY	REMOVE/REPLACE	HOOD PANEL	12374496 GM PART	532.00	1.5 #
2	AUTO	REF	REFINISH	HOOD OUTSIDE			C 3.2
3	AUTO	REF	REFINISH	HOOD UNDERSIDE			C 1.6
4	008880	REF	BLEND	L FENDER OUTSIDE			c 1.1
5	006260	BDY	REPAIR	R FENDER PANEL	Existing		1.0* #
6	AUTO	REF	REFINISH	R FENDER OUTSIDE			C 2.3
7	015750	GLS	REMOVE/REPLACE	W/SHIELD GLASS	25553858 GM PART	411.00	INC #
8	026070	BDY	REMOVE/REPLACE	ROOF PANEL	25543759 GM PART	587.00	18.0
9	AUTO	REF	REFINISH	ROOF PANEL			c 3.3
10	026170	BDY	REMOVE/REPLACE	R FRT ROOF DRIP RAIL MOULDING	20641980 GM PART	51.00	INC
11	029200	REF	BLEND	R QUARTER PANEL OUTSIDE			c 0.9
12	029210	REF	BLEND	L QUARTER PANEL OUTSIDE			c 0.9
13	031410	BDY	REMOVE/REPLACE	LUGGAGE LID PANEL	20695153 GM PART	734.00	1.0
14	AUTO	REF	REFINISH	LUGGAGE LID OUTSIDE			C 2.4
15	AUTO	REF	REFINISH	LUGGAGE LID UNDERSIDE			c 1.3
16	031449	BDY	REMOVE/REPLACE	LUGGAGE LID NAMEPLATE	20745167 GM PART	3.90	
17	936012		ADD'L COST	HAZARDOUS WASTE DISPOSAL		4.00	
18	AUTO	REF	ADD'L OPR	CLEAR COAT			3.4
19	933018	REF	ADD'L OPR	MASK FOR OVERSPRAY		5.00	0.2*
20	AUTO		ADD'L COST	PAINT/MATERIALS			

. - Judgement Item  
 # - Labor Note Applies  
 C - Included in Clear Coat Calc

ESTIMATE RECALL NUMBER: 1/22/99 13:34:10 1668

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I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	ii. Part Replacement Summary	Amount
Body	21.5	50.00	0.00	0.00	1,075.00	Taxable Parts	2,348.90
Refinish	20.6	60.00	5.00	0.00	1,035.00	Sales Tax @ 8.000%	187.91
		Non-Taxable Labor			2,110.00	Total Replacement Parts Amount	2,536.81
Labor Summary	42.1				2,110.00		
III. Additional Costs						IV. Adjustments	Amount
					Amount		Amount
Taxable Costs					473.20	Customer Responsibility	0.00
Sales Tax			@ 8.000%		37.86		
Total Additional Costs					511.06		
						i. Total Labor:	2,110.00
						ii. Total Replacement Parts:	2536.81
						iii. Total Additional Costs:	511.06
						Gross Total:	5,157.87
						iv. Total Adjustments:	0.00
						Net Total:	5,157.87

This is a preliminary estimate.  
Additional changes to the estimate may be required for the actual repair.

\*\*\*\*\* PARTS PRICES SUBJECT TO INVOICE \*\*\*\*\*

AUTHORIZED AND ACCEPTED: You are hereby authorized to make the above specified repairs. I understand that payment in full will be due upon release of vehicle, including additional supplemental damage charges, and hereby grant you and/or your employees, permission to operate the car, truck, or vehicle herein described on streets, highways, or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on the above car, truck, or vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to the vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control. OLD PARTS REMOVED FROM CAR WILL BE JUNKED UNLESS OTHERWISE INSTRUCTED.

ABOVE WORK AUTHORIZED

(Owner or Agency) By \_\_\_\_\_ Date \_\_\_\_\_

FINAL REPAIR INSPECTION BY \_\_\_\_\_

OWNER INSPECTION AND APPROVAL OF REPAIRS \_\_\_\_\_

ESTIMATE RECALL NUMBER: i/22/99 13:34:10 1668

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