



OFFICE OF THE
COUNTY COUNSEL

COUNTY OF SANTA CRUZ

GOVERNMENT CENTER
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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda March 23, 1999

ASSISTANTS

To: The Board of Supervisors

Re: Claim of Humberta Enes, No. 899-091

Original Document and associated materials are on file at the Clerk to the Board of Supervisors.

In regard to the aboverefereced claim, this is to recommend that the Board take the following action:

- XX 1. Deny the claim of Humberta Enes. No. 899-091 and refer to County Counsel.
- 2. Deny 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: Not County Jurisdiction

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

By Elle Lewis

LTR9.WPT

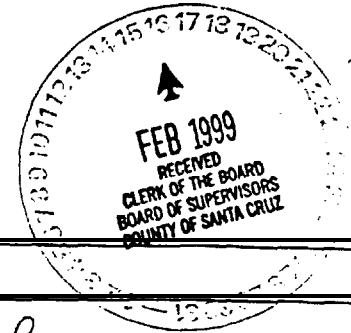
PER 5107 Rev. 4/97

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

899-0911

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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: Humberta Enes
Address: 2 Amesti Rd
Watsonville, CA 95076
Phone No: (831) 728-0077

P.O. Box to which notices are to be sent: N/A

2. Occurrence: Punctured tire
Date: 02/07/99 Place: Airport Blvd. 3 Freedom Blvd.

Circumstances of occurrence or transaction giving rise to claim: While my daughter was driving - she hit a very large pot hole - which in turn punctured my tire & caused my car to go out of alignment. Also, there were no warnings.

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

5. Name(s) of public employee(s) causing injury, damage or loss, if known: 1 fee! Caltrans was responsible.

6. Amount claimed now \$ 213.90
Estimated amount of future loss, if known \$ 0.00
TOTALS 213.90

7. Basis for above computations: See Receipt enclosed.
Also enclosed is the police Report number

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

CLAIMANT'S SIGNATURE: Humberta B. Enes

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).