

OFFICE OF THE  
COUNTY COUNSEL



COUNTY OF SANTA CRUZ

GOVERNMENT CENTER  
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CHIEF ASSISTANTS

GOVERNMENT TORT CLAIM  
RECOMMENDED ACTION

Agenda April 20, 1999

ASSISTANTS

To: The Board of Supervisors

Re: Claim of M i g u e l e l

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:

No. 899-108

1. Deny the claim of Miguel William Balderos, and refer to County Counsel.

~~Deny 2~~he 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: Ron Ruiz, District Attorney

RISK MANAGEMENT

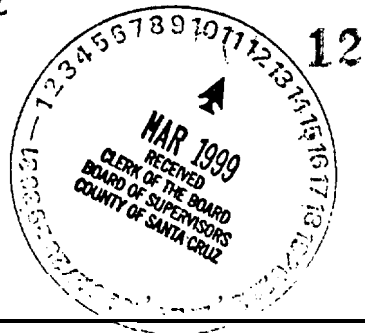
By Janet McKinley

COUNTY COUNSEL

By Elaine Lewis

LTR9.WPT

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



TO: BOARD OF SUPERVISORS  
COUNTY OF SANTA CRUZ  
ATTN: Clerk of the Board  
Governmental Center  
70 1 Ocean Street, Santa Cruz, CA 95060

1. Claimant's Name: Miguel William Balderos

Address: P.O. Box 1694, Santa Cruz California 95061-1694

Phone No: \_\_\_\_\_

P.O. Box to which notices are to be sent: Same as above

2. Occurrence: False Imprisonment (including racial slurs= hate crime)

Date: September 19, 1998 Place: Taco Bell Resturant (Laurel and Pacific Ave -to jail)

Circumstances of occurrence or transaction giving rise to claim: I was Attacked by 3 white males at this Resturant and when officers Le Moss #139 and Connor Carey showed up, they took ME, the Victim to jail

and allowed my three attackers to go home They refuse to hear what any witnesses in my behalf had to say , in fact, they threatened to arrest my witnesses if they didn't leave in 15 seconds

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

I was not only publically Humiliated by these Stormtroopers ( Race. slurs etc) but

but their False imprisonment of me caused me great mental anguish and pain. it also complicated my life (altered my fate ) to a very detrimental degree. I 've also lost my fiancée because of it.

**AND EVERYTHING**

5. Name(s) of public employe(e)s causing injury, damage or loss, if known: Officers Lemoss # 139 , Connor Carey

Deputy District Attorney Assistant Jeff. Rosell

6. Amount claimed now . . . . . \* . . . . . \* . . . . . \$ 10,500.00

Estimated amount of future loss, if known . . . . . \$ @ 1, 399 .00

TOTALS 11,899.00

7. Basis for above computations: At \$500.00 a day for every day that I spent locked up in jail and 1 399.00 for missed dental and medical appointments and the cost of health decaissure

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

CLAMANT'S SIGNATURE: Miguel W. Balderos

Note: Claim must be presented to Clerk, Board of Supervisors, within si.. (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 454-2123).