



County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda May 4, 1999

To: The Board of Supervisors

Re: Claim of Mark Nicholas Stanton, No. 899-117

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 Mark Nicholas Stanton, No. 899-117 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 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
Charles Moody, Administrator
Health Services Agency

RISK MANAGEMENT

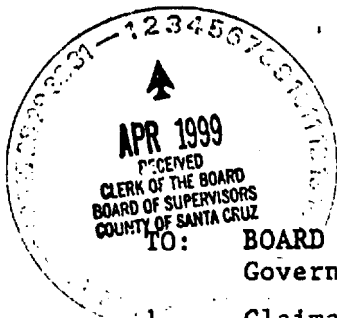
BY

Janet McKinley

COUNTY COUNSEL

By

Samuel Torres Jr



899-117
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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, 701 Ocean Street, Santa Cruz, CA 95060

1. Claimant's Name MARK NICHOLAS STANTON
2. Claimant's Address 431 CUESTA DRIVE
SANTA CRUZ, CA 95066

Claimant's Phone No. (831) 438-1582

2. Post Office address to which Notices are to be sent:
2600 FRESNO STREET, SANTA CRUZ, CA 95062

3. Occurrence:
Date: 10/3/98 Place: S.C. COUNTY JAIL

Circumstances of Occurrence or Transaction giving rise to Claim:

WHILE IN COUNTY JAIL, CLAIMANT (WHO HAD BROKEN HIS FOOT IN AN ACCIDENT) DID NOT RECEIVE THE NECESSARY AND RECOMMENDED (BY DOMINICAN) MEDICAL CARE AND SUFFERED IRREVERSIBLE DAMAGE TO HIS FOOT.

4. General description of Indebtedness, Obligation, Injury, Damage or Loss Incurred so far as is now known: HIS TREATMENT IS ONGOING.

5. Name or. Names of Public Employee or Employees causing injury, damage or loss, if known: NOT KNOWN AT PRESENT

6. Amount claimed now \$ UNKNOWN AT PRESENT
Estimated amount of future loss, If known. \$ _____
TOTAL.....' \$ _____

7. Basis of above computations _____

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

Municipal Court

X _____
Superior Court

KATE WELLS
ATTORNEY FOR CLAIMANT

[Signature]
CLAIMANT'S SIGNATURE
(831) 479-4475

Note: Claim must be presented to Clerk, Board of Supervisors, within 6 (six) months after the act which occasioned the injury.

American with Disabilities Act questions or requests for accommodations may be directed to the ADA Coordinator at 454-2530, TDD number 454-2924.