



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 Keith I. Lippman, No. 899-120

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:

- 1 . Deny the claim of Keith I. Lippman, No. 899-120 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

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

By Samuel Torres

CLAIM AGAINST THE COUNTY OF SANTA CRUZ
(Pursuant to Section 9 10 et Seq., Govt. Code)

899-120

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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: Keith T Lippman
Address: P.O. Box 1401
Capitola, CA 95010
Phone No: 831-479-9538 message

P.O. Box to which notices are to be sent: _____

2. Occurrence: Unlawful Detainment, Impoundment of Vehicle
Date: 1-28-99 Place: Portola & Adrian
Circumstances of occurrence or transaction giving rise to claim: _____

Case dismissed in intest of justice

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
12 days off work 1440⁰⁰ (Bail 2000⁰⁰)
Impounded car 1600⁰⁰ + 20⁰⁰ per day 4-8-99
300⁰⁰ ATTORNEYS fees / 500⁰⁰ TRAVEL Expensives

5. Name(s) of public employee(s) causing injury, damage or loss, if known: _____
SANTA Cruz Sheriff Dept / Jail detainment / chgo Impound

6. Amount claimed now \$ 5050⁰⁰

Estimated amount of future loss, if known \$ + 20⁰⁰ per day

TOTAL \$ 5050⁰⁰

7. Basis for above computations: Photo copy of receipts

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

CLAIMANT'S SIGNATURE: Keith Lippman

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).