



# County of Santa Cruz

## OFFICE OF THE COUNTY COUNSEL

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## GOVERNMENT TORT CLAIM

### RECOMMENDED ACTION

Agenda May 25, 1999

To: The Board of Supervisors

Re: Claim of Richard E. Kitch, No. 899-125

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 Richard E. Kitch, No. 899-125 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: Not County Jurisdiction

### RISK MANAGEMENT

By Janet McKinley

### COUNTY COUNSEL

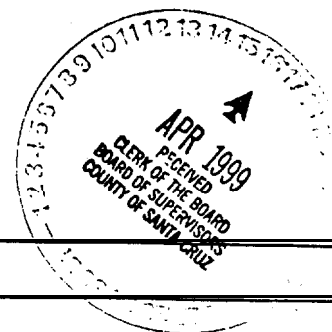
By Ellen Aldridge

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

899-125

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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: RICHARD D E. KITEH  
Address: 470 POPPY HILL RD.  
WATSONVILLE, CA 95076  
Phone No: (831) 728-5912

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

2. Occurrence: DAMAGED TIRE DUE TO HITTING POT HOLE

Date: 3/20/99 Place: FREEDOM - AIRPORT RD. @ FREEDOM BLVD.

Circumstances of occurrence or transaction giving rise to claim: AT APPROX 5:15 P.M. ON 3/20/99 WAS TRAVELING SOUTH (WEST) ON

AIRPORT RD. - TRAFFIC WAS BACKED UP AT SIGNAL WITH 6-8 CARS IN  
FRONT OF ME. WHEN LIGHT CHANGED FOLLOWED TRAFFIC ACROSS FREEDOM  
BLVD. HITTING POT HOLE WHICH CAUSED TIRE TO BLOW. WAS DRIVING  
NORMAL SPEED AS TRAFFIC WAS HEAVY.

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

\$258<sup>37</sup> - COST OF REPLACEMENT TIRE (THIS IS A LOW  
PROFILE TIRE ON A MODEL 850, VOLVO STATION WAGON -  
THE REASON FOR THE HIGH COST OF REPLACEMENT - NO OTHER  
TIRE FITS ON THE CAR)

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

6. Amount claimed now ..... \$ 258<sup>37</sup>

Estimated amount of future loss, if known ..... \$ NONE

TOTAL \$ 258<sup>37</sup>

7. Basis for above computations: ACTUAL REPLACEMENT COST

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

\_\_\_\_\_ Municipal Court \_\_\_\_\_ superior court

CLAIMANT'S SIGNATURE: Richard D Kiteh 4/15/99

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).