



County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

701 OCEAN STREET, SUITE 508, SANTA CRUZ, CA 950604068
(831) 454-2040 FAX: (831) 454-2115

DWIGHT L. HERR, COUNTY COUNSEL
CHIEF ASSISTANTS
Deborah Steen
Samuel Torres, Jr.

Assistants
Harry A. Oberhelman III
Marie Costa
Jane M. Scott
Rahn Garcia
Tamyra Rice
Pamela Fyfe
Ellen Aldridge
Kim Baskett
Lee Gulliver
Dana McRae

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda May 25, 1999

To: The Board of Supervisors

Re: Claim of Jasmine Rhea West/Ramon & Anna West, No. 899-126

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 Jasmine Rhea West/Ramon & Anna West, and refer to County Counsel. No. 899-126
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

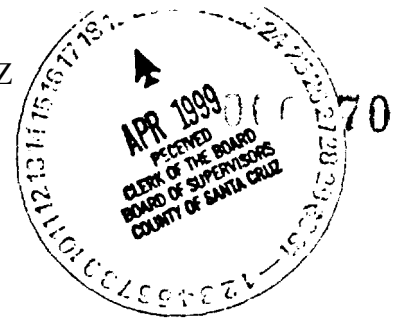
COUNTY COUNSEL

By Ellen Aldridge

899-126

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

TO: BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ
ATT'N: Clerk of the Board
Governmental Center
701 Ocean Street, Santa Cruz, CA 95060



1. Claimant's Name: Jasmine Rhea West / Ramon & Anna West
Address: 1770 Quail Hollow rd
San Lorenzo CA 95005
Phone No: 408 894-4029

P.O. Box to which notices are to be sent: none

2. Occurrence: 2nd degree burn
Date: 10-19-98 Place: The Parent Center Santa Cruz

Circumstances of occurrence or transaction giving rise to claim: Betsy Webster served tea of a temperature that caused a 2nd degree burn to a 6 year old, Jasmine R. West

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

Initial pain & suffering, permanent scarring, emotional & social distress because the scarred area will be a subject of distinction between Jasmine and the children and teens

5. Name(s) of public employee(s) causing injury, damage or loss, if known: Betsy Webster, Parent Center, Child Protective Services

6. Amount claimed now: undetermined undetermined at this time

Estimated amount of future loss, if known: also undetermined

TOTAL \$

7. Basis for above computations: undetermined due to stress and time limitation to submit claim form

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

 Municipal Court SANTA CRUZ Superior Court

CLAIMANT'S SIGNATURE: Anna West, Ramon West

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 454-2123).