



County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda JUNE 15, 1999

To: The Board of Supervisors

Re: Claim of STEVEN ARGUE, NO. 899-137

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 X . Deny the claim of STEVEN ARGUE, NO. 899-137 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.
- 3 . 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.

RISK MANAGEMENT

cc: MARK TRACY, Sheriff-Coroner

By Janet McKinley

COUNTY COUNSEL

By Ellen Aldridge

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

899-137
OCT 30

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: Steven Araque
Address: 2600 Fresno St.
S. C. A 95062
Phone No: 457-9754 832

P.O. Box to which notices are to be sent: 115 Coral St. S.C. CA 95063

2. Occurrence: Nov. 14, 1998 - Nov 17, 1998
Date: 11/14/98 Place: County Jail

Circumstances of occurrence or transaction giving rise to claim: while being jailed on a false arrest, the following abuses occurred from county personnel: assault & battery, excessive force, violation of 1st, 4th, 5th & 14th amendments, intentional/negligent infliction of emotional distress.

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

5. Name(s) of public employee(s) causing injury, damage or loss, if known: Can be easily found out.

6. Amount claimed now \$ 1,000,000

Estimated amount of future loss, if known \$ _____

TOTALS 1,000,000

7. Basis for above computations: See question 2

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

CLAIMANT'S SIGNATURE: Steven Araque

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).