



County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda June 22, 1999

To: The Board of Supervisors

Re: Claim of Nina Bouley-Naylor, No. 899-145

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 Nina Bouley-Naylor, No. 899-145 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

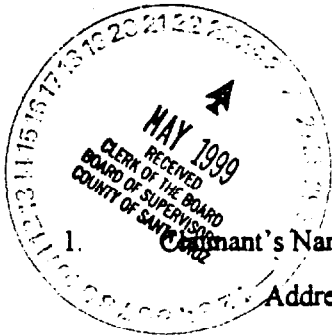
By Janet McKinley

COUNTY COUNSEL

By Ellen Aldridge

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

299-145 162



TO: BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ
ATTN: Clerk of the Board
Governmental Center
70 1 Ocean Street, Santa Cruz, CA 95060

1999 MAY 21 PM 3

1. Claimant's Name: Mina Bailey-Naylor
Address: 2165 La Madonna Drive
Santa Cruz, CA 95060
Phone No: 831-430-2912 95067

P.O. Box to which notices are to be sent: P.O. Box 66588, Scotts Valley, Ca

2. * Occurrence: fall @ drainage outlet = left ankle sprain
Date: 3/29/99 Place: in front of 4285 Pal Cliff Dr, Santa Cruz
Circumstances of occurrence or transaction giving rise to claim: 8:05 p.m. alighted from car at post of address above, walked in street toward my car parked in driveway. Slipped & fell into hole @ the drainage outlet. Taken by ambulance to Dominican.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: ambulance, Dominican ambulance services, Kaiser Dr., chiropractor Massage therapist, Kaiser & Hawaii trips severely limited because limited participation, continuous swelling & discomfort, not able to participate in usual and

5. Name(s) of public employee(s) causing injury, damage or loss, if known: only those employees stated such an inadequate job of installing drainage outlet.

6. * Amount claimed now not all bills have arrived
Estimated amount of future loss, if known not known \$ _____
at this time, still experiencing discomfort & limitations \$ _____

7. Basis for above computations: Loss of usual & customary activities, work outside my home, attending special events, participation in usual & hobbies, depleted stamina.

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

CLAIMANT'S SIGNATURE: Mina Bailey-Naylor 5/18/99

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).

PER5003 * These amounts cannot be determined at this time.
16 If this hazard is not, at least already marked as dangerous at the next, repaired. I will have to seek further advice as to the solution.

currently active