



# 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 Martin Lucich, No. 899-152

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 Martin Lucich, NO. 899-152 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: Ron Ruiz, District Attorney

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

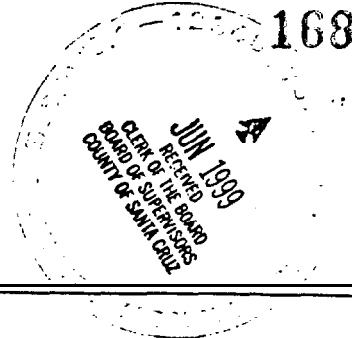
By Ellen Aldridge

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

899-157

168

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: Martin Luech  
Address: 5331 Soquel Dr  
Soquel Cal  
Phone No: 831 475 8265

P.O. Box to which notices are to be sent: Box 1765 Soquel Cal

2. Occurrence: In wallet when arrested for Under the Influence

Date: Feb 16-99 Place: Home

Circumstances of occurrence or transaction giving rise to claim: Accused of selling  
Drugs

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

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

6. Amount claimed now...? 360 approx..... \$360

Estimated amount of future loss, if known..... S \_\_\_\_\_

TOTAL S \_\_\_\_\_

7. Basis for above computations: Not there's to take

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

CLAIMANT'S SIGNATURE: [Signature]

Note: Claim must be presented to Clerk, Board of Super-visors, 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).