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County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda August 3, 1999

To: Board of Supervisors

Re: Claim of Mary Crawford, No. 899-160

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 Mary Crawford, No. 899-160 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

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

899-160

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

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1. Claimant's Name: MARY CRAWFORD
Address: 610 WILLIAMS, PINELLI & CULLEN 110 NO THIRD ST
SAN JOSE CA. 95132
Phone No: (408) 288-3868
P.O. Box to which notices are to be sent: ABOVE ADDRESS
2. Occurrence: _____
Date: 12-21-98 Place: SEE ATTACHED
Circumstances of occurrence or transaction giving rise to claim: _____
SEE ATTACHED
4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: _____
SEE ATTACHED
5. Name(s) of public employee(s) causing injury, damage or loss, if known: _____
SEE ATTACHED
6. Amount claimed now \$ SEE ATTACHED
Estimated amount of future loss, if known, \$ TO BE DETERMINED
TOTAL \$ _____
7. Basis for above computations: SEE ATTACHED
8. If the amount claimed is over \$10,000, indicate the court of jurisdiction:
Court Municipal X Superior Court

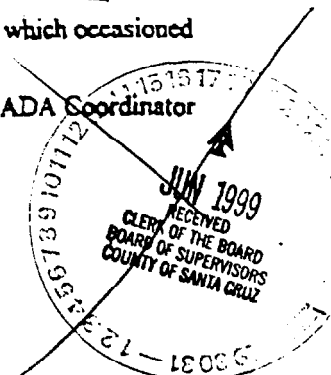
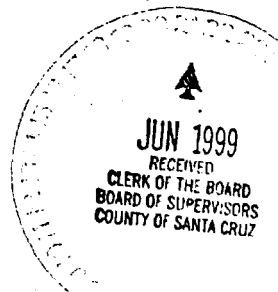
CLAIMANT'S SIGNATURE: [Signature]

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).

PER 5003

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CITY OF SCOTTS VALLEY

ONE CIVIC CENTER DRIVE • SCOTTS VALLEY, CALIFORNIA 95066 • PHONE (408) 438-3334 • FAX (408) 438-2793
(831) 440-5600 • (831)

CLAIM FORM

(To be completed by Claimant)

c/o Edward Cullen, Esq.
Williams, Pinelli & Cullen LLP

CLAIMANT MARY CRAWFORD Telephone 408-288-3861 EXT 102

ADDRESS 110 North 3rd Street San Jose, CA 95112

Description of claim Injuries from a slip AND fall - injuries
REQUIRING MULTIPLE SURGERIES TO KNEE AND SHOULDER

Location of Occurrence Walking/Jogging Park Course Behind Plaintiff's
Residence AT 598 SKY PARK DRIVE

Amount of claim Not Yet Determined as surgery/hospital Bills Not Yet Received
(Attach supporting receipts, etc.)

City Employees Involved Identity of persons responsible for creating the
DANGEROUS CONDITIONS NOT YET DETERMINED

Date of Occurrence 12-21-98

Witnesses to Occurrence! Not Yet Determined
(Name and Address)

Date: 6-18-99 signature Edward Cullen

SEND TO: **Scotts Valley, City Clerk**
One Civic Center Drive
Scotts Valley, CA 95066

claim

Ms. Mary Crawford, a resident of Scotts Valley, California, residing at 598 Sky Park Drive was injured in a slip and fall incident occurring December 21, 1998, on the grounds of the public walkway and exercise course located in the area adjacent to her residence.

As a result of her injury, Ms. Crawford has sustained multiple significant injuries. These include:

1. Concussion and related swelling to the left temple effecting her vision and requiring the intervention of an eye doctor and new glasses, headaches and dizziness with an attendant loss of equilibrium continuing to this day.
2. Injury to the tendons in Ms. Crawford's neck resulting in limited movement of the head.
3. Shoulder and arm injuries including an on-going limitation of the use of her right arm, extended pain in the left shoulder and scars. Ms. Crawford has recently undergone a surgical intervention for the injury to her shoulder.
4. Injury to the hips producing a continuing aching pain which has caused doctors to prescribe physical therapy.
5. Injury to Ms. Crawford's knees including a broken left knee cap and a disconnected tendon necessitating surgical intervention. Post surgical swelling and discomfort in the knee as a result of the biomechanical change to Ms. Crawford's ambulatory pattern.
6. Extreme swelling and strength limitations in Ms. Crawford's ankles as a result of the incident mandating the use of a walker or other support device in order to maintain mobility.

Ms. Crawford fell on ice which had formed on the asphalt surface landing on her hands and knees and sustaining multiple scars, contusions and soft tissue injuries to other parts of her body in addition to those specifically identified in the above referenced sections.

The plaintiff was discovered lying helpless on the ground by an employee of the City of Scotts Valley. Ms. Crawford was immediately taken by American Medical Response ambulance service to Dominican Hospital. Two days later her fractured knee cap and related tendon damage was surgically repaired by Dr. Paul Berman of Santa Cruz. Subsequent physical therapy, ordered by the doctor, was obtained at Adams & Schmidt Sport Clinic where she was seen by physical therapist, Mr. Dick Rossi.

Medical records have been requested from American Medical Response, the ambulance service, Dr. Michael Johnson of Scotts Valley, Dominican Hospital, Sutter Hospital, Adams & Schmidt Sports Clinic and Dr. Berman. In addition, medical records documenting the recent shoulder surgery of Ms. Crawford will be subpoenaed.

Attached please find a list of the currently identified medical providers who have assisted Ms. Crawford in her recovery from injuries sustained in the accident of December 21, 1998. This list represents the currently identified health care providers and the approximate amount of the cost for services rendered to date. In light of Ms. Crawford's recent surgery and the necessity of follow-up treatment, a more detailed and final summary of the medical damages will be submitted for your examination and review as the information becomes available to our client and this office.

At this time, preliminary damage calculations for medical treatment are as follows:

Pharmaceutical prescriptions	\$ 76.96
Dominican Hospital	\$ 675.41
Santa Cruz Medical Clinic	\$3,612.83
American Medical Response	\$ 624.86

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