

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 CSAA as subrogee for Patricia Covici, No. 900-013

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 CSAA as subrogee for Patricia Covici, and refer to County Counsel. No. 900-013
- ☐ 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: Mark Tracy, Sheriff-Coroner

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

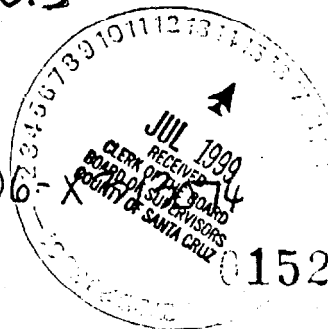
By Ellen Aldridge

900-013

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

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

RE 06-X



1. Claimant's Name: CSAA as subrogee for Patricia Corici
Address: PO Box 920
Suisun City CA 94585
Phone No: 831-465-1096

2. P.O. Box to which notices are to be sent: PO Box 920, Suisun City 94585

Occurrence: auto accident
Date: 5-14-99 Place: Holiday Inn in Santa Cruz

Circumstances of occurrence or transaction giving rise to claim: As my insured was in parking lot also, Sheriff's officer backed into my insured's vehicle.

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

Auto repairs - \$1,150.00 Estimate enclosed.

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

6. Amount claimed now \$ 1,150.00

Estimated amount of future loss, if known \$

TOTALS 1,150.00

7. Basis for above computations: Repair estimate

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

_____ Municipal Court _____ Superior Court

CLAIMANT'S SIGNATURE

Steve Rung for CSAA

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).

PER5003