



# County of Santa Cruz

## OFFICE OF THE COUNTY COUNSEL

701 OCEAN STREET, SUITE 505, SANTA CRUZ, CA 95060-4068  
(831) 454-2040 FAX: (831) 454-2116

DWIGHT L. HERR, COUNTY COUNSEL  
CHIEF ASSISTANTS  
Deborah Steen  
Samuel Torres, Jr.

Assistants  
Harry A. Oberhelman III  
Mane Costa  
Jane M. Scott  
Rahn Garcia  
Tamyra Rice  
Pamela Fyfe  
Ellen Aldridge  
Kim Baskett  
Lee Gulliver  
Dana McRae

## GOVERNMENT TORT CLAIM

### RECOMMENDED ACTION

Agenda August 10, 1999

To: Board of Supervisors

Re: Claim of Richard Hill, No. 900-003, Amended

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:

- X 1. Deny the claim of Richard Hill, No. 900-003, Amended 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: John Fantham, Director  
Department of Public Works

### RISK MANAGEMENT

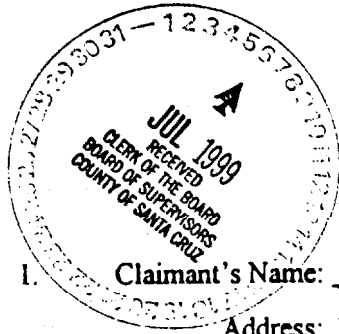
By Janet McKinley

### COUNTY COUNSEL

By Ellen Aldridge

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

900-003  
AMENDED



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

RECEIVED  
PERSONNEL DEPT-1 04  
99 JUL -6 PM 9:15

1. Claimant's Name: Richard Hill  
Address: 1320 Bay St.  
Santa Cruz CA 95060

Phone No: 1(831)429-8972 / Work 1(831)464-8500

P.O. Box to which notices are to be sent: non t!

2. Occurrence: Bicycle accident involving myself.

Date: 01 Place: Near the public storage place on Soquel Drive.  
NEXT TO 2335

Circumstances of occurrence or transaction giving rise to claim: There was a lot of sticks and  
debris in the drainage grate. One of the sticks got stuck in my front  
wheel spokes, that being the direct cause of my crashing.

4. General description of indebtedness, obligation, injury, **damage or loss incurred so far as is now known:**  
Various bruises abrasions and neck injury. Loss of bicycle. Medical  
expenses. Bike helmet. Bus passes. Etc.

5. Name(s) of public employee(s) causing injury, **damage** or loss, if known: not known

6. Amount claimed now ..... \$ 2,500

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

TOTAL \$ 2,500

7. Basis for above computations: Replacement of bicycle, Reembursement of medical  
costs, travel expenses, loss of wages, new helmet, pain and suffering. Etc.

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

\_\_\_\_\_ Municipal Court \_\_\_\_\_ Superior Court

CLAIMANT'S SIGNATURE: Richard Hill

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).