



County of Santa Cruz

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OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda August 17, 1999

To: Board of Supervisors

Re: Claim of Gerry Sanchez, No. 900-007

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 Gerry Sanchez, No. 900-007 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 Samuel Torres, Jr.

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

900-007
000 34

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

JUL 1999
RECEIVED
CLERK OF THE BOARD
BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ

1. Claimant's Name: Gerry Sanchez
Address: 54 Little Way Ln
Watsonville CA
Phone No: 831-724-7777
P.O. Box to which notices are to be sent: 54 Little Way Ln
2. Occurrence: Watsonville
Date: 10-15-1988 Place: 29 Paulsen Rd
Circumstances of occurrence or transaction giving rise to claim: Due To Residential
Development County upgraded Road To County
Spec. with Paul Beck doing the work
4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
3 Slabs of Driveway entree 4'x5'x4" or 12'x15'x4"
Regular Smooth Texture. 1 Slab 3'x7'x4" Exposed
Aggregate
5. Name(s) of public employee(s) causing injury, damage or loss, if known: Paul Beck Const.
Bob Pendo & Campos
6. Amount claimed now \$ 1200.00
Estimated amount of future loss, if known \$ 0
TOTAL \$ 1200.00
7. Basis for above computations: 2 1/2 yds Concrete \$300.00 Labor
\$800.00
8. If the amount claimed is over \$10,000, indicate the court of jurisdiction:
_____ Municipal Court _____ Superior Court

CLAIMANT'S SIGNATURE: Gerry Sanchez

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).