



County of Santa Cruz²⁷

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda August 24, 1999

To: Board of Supervisors

Re: Claim of Frederick D. Jenkins, No. 900-011

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 Frederick D. Jenkins, No. 900-011 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: Mark Tracy, Sheriff-Coroner

RISK MANAGEMENT.

BY

Janet McKinley

COUNTY COUNSEL

By

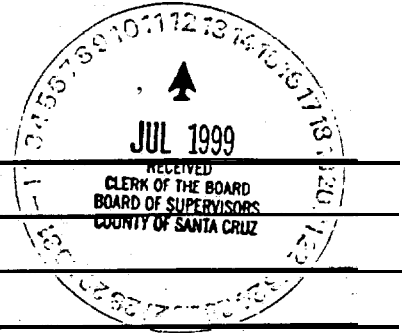
Samuel Torres, Jr.

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

900-011

067 28

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: Frederick D. Jenkins
Address: 788 Rodriguez St #50
Watsonville Ca 95076
Phone No: (831) 724 5594

P.O. Box to which notices are to be sent: _____

2. Occurrence: False Arrest
Date: July 4 1999 Place: 220 North 100 Pl Santa Cruz Ca 95060

Circumstances of occurrence or transaction giving rise to claim: Officer Brent Northrop asked me to sign a noise complaint after reporting to the house about a bonfire. I refused to sign since there was no noise and it wasn't my house. He arrested me for drunk in public and detained me without reading my rights. Cuffs were too tight.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: My hand has been numb from the hand cuffs since then. An unknown officer at the jail exacerbated the situation by bending my thumb awkwardly unnecessarily.

5. Name(s) of public employee(s) causing injury, damage or loss, if known: Officer Brent Northrop also unknown officer (sheriff's deputy) at county drunk tank on July 4th 1999

6. Amount claimed now..... \$ Not currently Available.

Estimated amount of future loss, if known \$ _____

TOTAL \$ _____

7. Basis for above computations: Doctors visit.

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 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 454-2 123).