



County of Santa Cruz 29

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 Mario Gallardo, No. 900-012

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 Mario Gallardo, No. 900-012 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 lateclaim 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 Samuel Torres Jr

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

900-012

1999 JUL 14 11:11:23 30

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

200615110

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

1. Claimant's Name: MARIO GALLARDO
Address: 980 Miller Ave Gilroy CA 95020
Phone No: 408 499-9614
P.O. Box to which notices are to be sent: _____
2. Occurrence: Rock from county truck broke windshield
Date: 3-5-99 Place: Hiway 1 → 17 exit → entrance
Circumstances of occurrence or transaction giving rise to claim: I was behind an orange commercial truck apparently carrying rocks or gravel. A few pebbles bounced onto hiway from truck and struck my vehicle. One pebble/rock cracked my windshield.
4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
Rock left a small crack in windshield, which later, crack spread from end to end of windshield.
5. Name(s) of public employee(s) causing injury, damage or loss, if known: County vehicle
Orange rock/dump truck w/ sticker on door "County of Santa Cruz"
6. Amount claimed now \$ 148.66
Estimated amount of future loss, if known \$ 0
TOTALS 148.66
7. Basis for above computations: I have replaced the windshield through
Pay less Glass @ 170 W. ALMA ST. San Jose CA. 95110
408 279-6444
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 454-2123).