

## **County of Santa Cruz** 29

## OFFICE OF THE COUNTY COUNSEL

701 OCEAN STREET, SUITE 505, SANTA CRUZ, CA 95060-4068 (831) 454-2040 FAX: (831) 454-2115

DWIGHT L. HERR, COUNTY COUNSEL CHIEF ASSISTANTS Deborah Steen Samuel Torres, Jr. Assistants Harry A. Oberhelman III Marie Costa Jane M. Scott Rahn Garcia Tamyra Rice

Pamela Fyfe Ellen Aldridge Kim **Baskett** Lee Guiliver Dana McRae

## **GOVERNMENT TORT CLAIM**

**RECOMMENDED ACTION** 

Agenda August 24, 1999

To: Board of Supervisors

Re: Claim of Mario Gallardo, No. 900-012

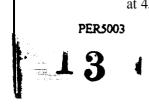
Original document and associated materials are on file at the Clerk to the-Board of Supervisors.

In regard to the above-referenced claim, this is to recommend that the Board take the following action:

X	_1.	Deny the claim of <u>Maric</u>	Gallardo, No. 900-012	and refer. to County	
		Counsel.			
	_2.	Deny the application to file	e a late claim on behalf of		
		and refer to County Couns	el.		
	_3.	Grant the application to fil	le a lateclaim on behalf of		
		and refer to County Couns	el	_	
4		Approve the claim of		in-the amount of	
		and	l reject the balance, if any, an	d refer to County Counsel.	
	_5.	Reject the claim of		as insufficiently filed and refer	
		to County Counsel.			
cc:	John Fantham, Director		RISK MANAGEMENT		
	Depart	tment of Public Works	De lant	Makinlau	

By \_\ JOX. 77 γил COUNT COUNSEL Jamin /a By

TO: BOARD OF SUPERVISORS COUNTY OF SANTA CRUZ ATTN: Clerk of the Board TO: Decan Street, Santa Cruz, CA 95060       T         Claimant's Name:       MARIO (bAULARDO)         Address:       780         MARIO (bAULARDO)       MARIO         Address:       780         Phone No:       408         408       499         Phone No:       408         408       499         90       MILLIER         91       9570         92       9570         93       9570         94       97         94       97         95       97         96       9570         97       9182         98       918         99       9182         90       9182         9182       17         9182       17         9182       17         9182       180         9182       190         9182       190         9182       190         9182       190         9182       190         9182       190         9182       190         9182		CLAIM AGAINST THE COUNTY OF SANTA CRUZ (Pursuant to Section 910 et Seq., Govt. Code)
Address: $\frac{980}{10}$ $\frac{11}{167}$ $\frac{474}{107}$ $\frac{1779}{107}$ $\frac{1779}{107}$ $\frac{1779}{107}$ Phone No: $\frac{403}{103}$ $\frac{199}{194}$ $\frac{1779}{1000}$ $\frac{1779}{1000}$ $\frac{1779}{1000}$ $\frac{1779}{1000}$ $\frac{1779}{1000}$ $\frac{1779}{1000}$ $\frac{1779}{1000}$ $\frac{1779}{1000}$ $\frac{1779}{10000}$ $\frac{1799}{10000}$ $\frac{1799}{100000}$ $\frac{1799}{100000}$ $\frac{1799}{100000}$ $\frac{1799}{100000}$		TO: BOARD OF SUPERVISORS COUNTY OF SANTA CRUZ ATTN: Clerk of the Board Governmental Center
Phone No: $408 + 499 - 96/4$ P.O. Box to which notices are to be sent:       Occurrence: $Bock + From + country + truck + broke + wind shelld.         Date:       3-5 - 97       Place:       Hiway + 3 = 17 + exit. + entrance         Circumstances of occurrence or transaction giving rise to claim:       I = was + entrance         circumstances of occurrence or transaction giving rise to claim:       I = was + entrance         circumstances of occurrence or transaction giving rise to claim:       I = was + entrance         ptbbles       beyned       entrance         ptbbles       beyned       entrance         ptbbles       beyned       entrance         ptbbles       beyned       entrance         general description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:       Rock         Rock       eff a small crack in windshield, which later, crack       stock         Spread       from + end + o end of wind shield.         Name(s) of public employee(s) causing injury, damage or loss, if known:       Spread       for and to favore         Kot       for above computations.       f havt replaced the wind shield.       for and the favore favore$	Claimant's Name:	MARIO GALLARDO DESTINO
P.O. Box to which notices are to be sent:	Address:	980 Miller Ave Gilroy CA 95020
P.O. Box to which notices are to be sent:		
Occurrence:       Kock       From       county       truck       broke       windsheild:         Date: $3-5-97$ Place:       HiwAy $1 \ge 17$ exit. $\Rightarrow$ entrance         Circumstances of occurrence or transaction giving rise to claim: $x was behind and orange         entimercial truck       apparently       carrying       rocks       or gravel.       A Few         ptbles       bevinced       onto       hiway       from       truck and struck may         vehicle:       One       pebble       frock       cracked       my       wind shield.         General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:       Rock       left a small crack in windshield, which later, crack         Mame(s) of public employee(s) causing injury, damage or loss, if known:       County Vehicle         Drange       rock       fdwmp truck       wind shield         Mame(s) of public employee(s) causing injury, damage or loss, if known:       Signature       Signature         Drange       rock       fdwmp truck       wind shield       Hourty of Son         Amount claimed now       149.06       Estimated amount of future loss, if known       Signature96.02       97.00         Hag       ess       is       for ab$	Phone No	408 499 - 9614
Date: 3-5-99 Place: Hiway $1 = 17$ exit. sentance Circumstances of occurrence or transaction giving rise to claim: <u>I was behind</u> and orange emmercial truck apparently carrying racks or gravel. A Few pebbles bounced on to hiway from truck and struck my wehicle. One pebble frock cracked my wind shield. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: <u>Rock left a small crack in windshield</u> , which later, crack <u>B spread</u> trom end to end of wind shield. Name(s) of public employee(s) causing injury, damage or loss, if known: <u>County Vehicle</u> <u>Drange</u> rock [dump truck w] Sticker on door "county of San Amount claimed now		
Circumstances of occurrence or transaction giving rise to claim: <u><math>T</math> was behind an orange</u> <u>emmercial truck apparently carrying racks or gravel. A Few</u> <u>pebbles bounced on to hiway from truck and struck my</u> <u>vehicle. One pebble frock cracked my wind shrifd.</u> General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: <u>Rock left a small crack in windshield</u> , which later, crack <u><math>B</math> spread trom end to end of wind shreld</u> . Name(s) of public employee(s) causing injury, damage or loss, if known: <u><math>County Vehicle</math></u> <u><math>Drange rock / dump truck wl sticker on door '[ounty of San Amount claimed now <math>S</math> 148.66</math></u> B a s i s for above computations: <u><math>T</math> have replaced the wind shield + hrough</u> <u><math>Pay less 6/ass D 170 w</math>. AlmA ST. San Jose CA. 95/10</u> <u><math>Yos 279 - 64944</math></u> If the amount claimed is over S 10,000, indicate the court of jurisdiction: <u>Municipal Court</u> <u><math>yurd superior court</math> CLAIMANT'S SIGNATURE: <u><math>Minisin Claiment distruction</math></u></u>		
commercial truck apparently carrying racks or gravel. A Few         pebbles       bounced on to hiway from truck and struck my         vehicle.       One pebble frack cracked my wind sheald.         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         Soread       trom end to end of wind shield.         Name(s) of public employee(s) causing injury, damage or loss, if known:       County vehicle         Drange       rock / dump truck       w/ sticker on door "county of Son         Amount claimed now       S       148, bb         Estimated amount of future loss, if known       S       -O         TOTALS       149.66         B       a s i s for above computations:       I have replaced the wind shield through         fay less       6/lass       170       Almad St.         Municipal Court       guerior court         Municipal Court       superior court	Date: 3-5 - 6	19 Place: HiwAy 1 -> 17 exit. > entrance
pebbles       bounced       onto       hiway       Prom       truck       and       struck       my         vehicle       One       pebble frack       cracked       my       wind sherild	Circumstances of	occurrence or transaction giving rise to claim: <u>I was behind and orange</u>
vehicle       One       pebble frack       cracked       my       wind shield         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         B spread       trom       end       of       wind shield         Name(s) of public employee(s) causing injury, damage or loss, if known:       County Vehicle         Orange       rock       dump truck       w1         Amount claimed now       \$ 148, 66         Estimated amount of future loss, if known       \$ -0 -         TO TA LS       148, 66         B a s i s for above computations:       I have replaced the wind shield through         Pay less       \$ 170 w. AlmA ST. Son Jose CA. 95/10         Y08 279- 64444       If the amount claimed is over \$ 10,000, indicate the court of jurisdiction:	commercia	truck apparently carrying rocks or gravel. A Few
General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: <u>Rock left a small crack in wirdshield</u> , which later, crack <u>B spread trom end to end of wind shield</u> .         Name(s) of public employee(s) causing injury, damage or loss, if known: <u>County Vehicle</u> <u>Drange rock / dump truck</u> w1 Sticker on door "county of Same         Amount claimed now <u>S_148</u> , bb         Estimated amount of future loss, if known <u>S_05e</u> <u>TOTALS 148.66</u> B a s i s for above computations: <u>J have replaced</u> <u>Hay less 6/lass</u> <u>J 170</u> <u>Municipal</u> Court <u>Municipal</u> Court <u>Superior</u> court         CLAIMANT'S SIGNATURE: <u>Municipal</u> Court         Superior court         CLAIMANT'S SIGNATURE:	pebbles	bounced onto hiway from truck and struck my
General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: <u>Rock left a small crack in wirdshield, which later, crack</u> <u>B Spread trom end to end of wind shield</u> .         Name(s) of public employee(s) causing injury, damage or loss, if known: <u>Crange rock / dump truck wl sticker on door "county of San</u> Amount claimed now <u>S jor above computations</u> : <u>I have replaced the wind shield through</u> <u>Pay less blass</u> <u>J 170</u> <u>Municipal Court</u> <u>J 48</u> Lest <u>Herse</u> <u>J 170</u> J 170 <u>J 170</u> J 170 <u>J 170</u> J 2000, indicate the court of jurisdiction: <u>J 170</u> J 2000, indicate the court of jurisdiction: <u>J 170</u> J 2010         J 2010         J 2010         J 2010         J 2010 </td <td>vehicle.</td> <td>one pebble trock cracked my wind sheald.</td>	vehicle.	one pebble trock cracked my wind sheald.
Orange       rock / dump truck       w/ Sticker on door "county of Son         Amount claimed now       S_148, 66         Estimated amount of future loss, if known       S_000         TOTALS       148. 66         B a s i s for above computations:       I have replaced the wind shield through         Pay less 6/ass       170 W. ALMA ST. Sam Jose CA. 95/10         408 279 - 6444         If the amount claimed is over S 10,000, indicate the court of jurisdiction:         Municipal Court         Superior court         CLAIMANT'S SIGNATURE:         Municipal Court         Superior court         CLAIMANT'S SIGNATURE:		
Amount claimed now       S $148$ , $66$ Estimated amount of future loss, if known       S $-0$ TOTALS $148.66$ B a s i s for above computations: $I$ have replaced the wind shield through $Pay less 61/ass$ $2$ 170 w. ALMA ST. San Jose CA. 95/10 $408$ 2779-6444         If the amount claimed is over S 10,000, indicate the court of jurisdiction:         Municipal Court       superior court         CLAIMANT'S SIGNATURE:         Mote: Claim must be presented to Clerk, Board of Supervisors, within six (6) months after the act which occasioned	Name(s) of public	employee(s) causing injury, damage or loss, if known: <u>County Vehicle</u>
Estimated amount of future loss, if known		, , , , , , , , , , , , , , , , , , , ,
TOTALS 148.66         B a s i s for above computations: <u>I have replaced the wind shield through</u> Pay less 6/ass D 170 W. ALMA ST. San Jose CA. 95/10         How Pay less 6/ass D 170 W. ALMA ST. San Jose CA. 95/10         How 2000, indicate the court of jurisdiction:         Municipal Court         Superior court         CLAIMANT'S SIGNATURE:         Note: Claim must be presented to Clerk, Board of Supervisors, within six (6) months after the act which occasioned	Amount claimed	10W
B a s i s for above computations: <u>I have replaced</u> <u>the wind shield through</u> <u>Pay less Glass</u> <u>D 170</u> <u>W. ALMA ST. San Jose CA. 95/10</u> Hos 279-6444 If the amount claimed is over S 10,000, indicate the court of jurisdiction: <u>Municipal Court</u> <u>Superior court</u> <u>CLAIMANT'S SIGNATURE:</u> Note: Claim must be presented to Clerk, Board of Supervisors, within six (6) months after the act which occasioned	Estimated amoun	t of future loss, if known
Pay less Glass       Ito in the control of the control o		TOTALS 148.66
If the amount channed is over \$ 10,000, indicate the court of jurisdiction:	Basis	for above computations: I have replaced the wind shield through
In the amount claimed is over \$ 10,000, indicate the court of jurisdiction:	Pay less	Glass 2 170 W. ALMA ST. San Jose CA. 95/10
CLAIMANT'S SIGNATURE:	If the amount clai	med is over S 10,000, indicate the court of jurisdiction:
Note: Claim must be presented to Clerk, Board of Supervisors, within six (6) months after the act which occasioned		Municipal Courtsuperior court
	CLAIMANT'S S	SIGNATURE: Self
		be presented to Clerk, Board of Supervisors, within six (6) months after the act which occasioned
Americans with Disabilities Act questions or requests for accommodations may be directed to the ADA Coordinator at 454-2962 (TDD <b>454-2</b> 123).	Americans with 1	Disabilities Act questions or requests for accommodations may be directed to the ADA Coordinator



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