

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

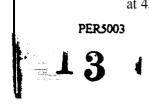
Original document and associated materials are on file at the Clerk to the-Board of Supervisors.

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>T 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>B spread trom end to end of wind shreld</u> . Name(s) of public employee(s) causing injury, damage or loss, if known: <u>$County Vehicle$</u> <u><math>Drange rock / dump truck wl sticker on door '[ounty of San Amount claimed now S 148.66</math></u> B a s i s for above computations: <u>T have replaced the wind shield + hrough</u> <u>$Pay less 6/ass D 170 w$. AlmA ST. San Jose CA. 95/10</u> <u>$Yos 279 - 64944$</u> If the amount claimed is over S 10,000, indicate the court of jurisdiction: <u>Municipal Court</u> <u>$yurd superior court$ CLAIMANT'S SIGNATURE: <u>$Minisin Claiment distruction$</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 454-2 123).	Americans with 1	Disabilities Act questions or requests for accommodations may be directed to the ADA Coordinator



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