



# County of Santa Cruz

153

## OFFICE OF THE COUNTY COUNSEL

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## GOVERNMENT TORT CLAIM

### RECOMMENDED ACTION

Agenda September 21, 1999

To: Board of Supervisors

Re: Claim of Larry Nevin, No. 900-021

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 <sup>X</sup> . Deny the claim of Larry Nevin, No. 900-021 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: John Fantham, Director  
Department of Public Works

### RISK MANAGEMENT

By Janet McKinley

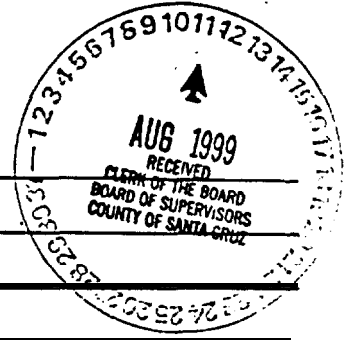
### COUNTY COUNSEL

By Samuel Torres, Jr.

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

900-021  
154

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: LARRY NEVIN  
Address: POB 66278  
SCOTT VY, CA 95067  
Phone No: WK-MESSAGE-438-1644
2. P.O. Box to which notices are to be sent: (ABOVE)  
Occurrence: TIRE PUNCTURED (TORN) BY BOULDER ON GRANITE CR.  
Date: 7-27-99 Place: GRANITE CR. RD - MARKER # D. & C. - UP (E FROM BRANCH FORT)  
Circumstances of occurrence or transaction giving rise to claim: TRAVELING TOWARDS BRANCH FORT DR. AFTER WORK (4:10 PM) CAME AROUND CORNER TO SEE CAR IN OTHER LN. BOULDER IN MY LANE, CUFF TO CREEK & CHASE BOULDER. WHEN TOW TRUCK ARRIVED, I HAD DISPATCH CALL COUNTY WORKS APPROX- 6:00 PM
4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:  
TIRE REPLACEMENT (PHOTO COPY ENCLOSED)  
[NOT CLAIMING TOWING, TIRE, APPOINTMENT MISSED]
5. Name(s) of public employee(s) causing injury, damage or loss, if known: NONE
6. Amount claimed now: \$100.00  
Estimated amount of future loss, if known: \$0  
TOTAL \$100.00
7. Basis for above computations:
8. If the amount claimed is over \$ 10,000, indicate the court of jurisdiction:  
\_\_\_\_\_ Municipal Court \_\_\_\_\_ Superior Court

CLAIMANT'S SIGNATURE: Larry Nevin

**Note:** Claim must be presented to Clerk, Board of Supervisors, within six (6) months after the act which occasioned the injury.

Ammcans with Disabilities Act questions or requests for accommodations may be directed to the ADA Coordinator at 454-2962 (TDD 454-2 123).

CASH	Ck # _____
<input checked="" type="checkbox"/> CASH	<input type="checkbox"/> OTHER
<input checked="" type="checkbox"/> DUCKER	<input checked="" type="checkbox"/> Firestone
PO/App: _____	
30-Day Commercial	
Date: <u>7/29/99</u>	
Sold by: _____	

## Holser's Tire Service

A family tradition in Santa Cruz since 1938.



(831) 475-2093

3 11 Capitola Road Extension, Santa Cruz, CA 95062

For: Larry Noto

Make: Toyota Model: 4Runner

Address: \_\_\_\_\_ Lic. Plate: 4Y0912C Veh #: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Odometer: 34231 Year: \_\_\_\_\_

Phone: \_\_\_\_\_ DOT #s: 1DBPE C 34 189

Quant	Description	Unit	Extended
1	225/50R15 Dunlop GT Quattro		84.00
1	Valve Stems		4.00

PLEASE RETAIN THIS  
RECEIPT IN VEHICLE  
FOR WARRANTY & SERVICE

Installed by:

Steve

Mdse. Sub-Total

Sales Tax

Balances

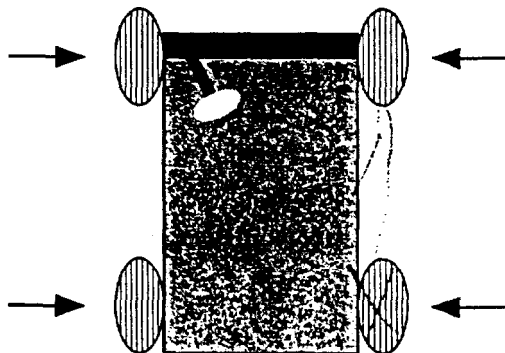
Disposal Fee

Sub-Total

Deposit

LABOR

043895



I promise to pay the TOTAL, as shown, plus any charges due.

Signed

X

Steve

TOTAL

Thank You!