



County of Santa Cruz

0039

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda September 28, 1999

To: Board of Supervisors

Re: Claim of Mary V. Walsh, No. 900-039

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 Mary V. Walsh, No. 900-039 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: Not County Jurisdiction

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)

900-039
0040
SEP 1999
RECEIVED
CLERK OF THE BOARD
BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ

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: Mary V. Walsh
Address: 1785 47th Avenue, Apt. 1
Cap-itola, CA 95010
Phone No: (831) 475- 1305

P.O. Box to which notices are to be sent: N/A

2. Occurrence: Slip and fall

Date: 5/8/99 Place: Sunny Cove beach at 17 Avenue

Circumstances of occurrence or transaction giving rise to claim: Claimant was approaching
steps leading to Sunny Cove Beach. Claimant slipped on loose
gravel and fell. The path is heavily used but unimproved:
No hand rail, no stairs, no warning sign, poorly maintained.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
Claimant suffered injury to both knees, low back, left
shoulder, sprained right ankle, sprained right knee, sprained low
back, cut left knee.

5. Name(s) of public employee(s) causing injury, damage or loss, if known: Unknown

6. Amount claimed now \$ 2,131.36

Estimated amount of future loss, if known \$ 3,000.00

TOTAL \$ 5,131,36

7. Basis for above computations: Ambulance \$664.39, DSCH \$50~.12, X-ray \$11.72,
Drs. Fust, Weiner, Jackson, Ching, Raker \$667.13, SCMC PT \$288.00

8. If the amount claimed is over \$ 10,000, indicate the court of jurisdiction:
N/A Municipal Court Superior court

CLAIMANT'S SIGNATURE: Mary V. Walsh

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).