

County of Santa Cruz⁰061

OFFICE OF THE COUNTY COUNSEL

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Assistants

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DWIGHT L. HERR, COUNTY COUNSEL CHIEF ASSISTANTS Deborah Steen Samuel Torres, Jr.

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

			Agenda October 5, 1999
To:	Board	of Supervisors	
Re:	Claim	ofRichard Na	varro, No.900-034
Origi	inal docur	nent and associated mat	erials are on file at the Clerk to the Board of Supervisors.
In re	gard to th	e above-referenced clair	n, this is to recommend that the Board take the following action:
X	_1.	Denytheclaimof Richa	and refer to County
	2.		o file a late claim on behalf of
	_3.	and refer to County Co Grant the application to	ounsel. o file a late claim on behalf of
	4.	and refer to County Co Approve the claim of	in the amount of
	5.		and reject the balance, if any, and refer to County Counsel. as insufficiently filed and refer
		to County Counsel.	
		tham, Director	RISK MANAGEMENT
_	repair emer	d of fubile works	BY Janet MKrinley
			COUNTY COUNSEL
DED 5	(107 yan rev. 4	/99	By Jamen Tan,
PER5107 wp rev. 4/99		/99	By James Ton,

ΙZ

CLAIM AGAINST THE COUNTY OF SANTA CRUZ (Pursuant to Section 9 10 es Seq., Govt. Code)

TO: BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ
ATTN: Clerk of the Board
Governmental Center
70 1 Ocean Street, Santa Cruz, CA 95060



_____ Superior Court

Claimant's Name: RICHARD NAVARRO

I.

Address: 789 GREEN VALLEY RD. SPC. #9
WATSONVILLE, CA. 95076

Phone No. (831) 7284532

Phone No. (831) 7284532	
P 0 Box to which notices are to be sent:	
Occurrence: THERE WAS A POWER SURGE Date: JULY 6, 1999 Place: 789 GREEN VALLEY R	THAT DAMAGED MY MICROWAVE
Circumstances of occurrence or transaction giving use to c THEY DENIED THE CLAIM, BECAUSE THEY SAID THA	claim I HAD ORIGINALY SUBMITED A CLAIM TO PC8
WIRE THAT CAUSED THEIR CASSERLEY CIRCUIT #040	1 TO BURN AND IT ALSO CAUSED DAMAGE TO THE P
FACILITIES. PG&E GAVE ME A CLAIM #9910363 TO RE	EFERENCE THE INCIDENT.
General description of indebtedness, obligation, injury, dama THE POWER SURGE CAUSED PERMANENT DAMAGE THE APPLIANCE NO LONGER WORKED AFTER THE I	
PRICE FOR REPLACEMENT OF THE APPLIANCE.	
Name(s) of public employee(s) causing injury, damage or lo	ss, 1f known SANTA CRUZ COUNTY EMPLOYEE.
Amount claumed now	\$_150.00
Estimated amount of future loss, if known	s
	TOTAL S 150.00

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

Municipal Court

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

 $\mathsf{DER}_2(K):$

CLAIMANT'S SIGNATURE