



County of Santa Cruz⁰⁰⁶⁵

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda October 5, 1999

To: Board of Supervisors

Re: Claim of James Molner, No. 900-036

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 James Molner, No. 900-036 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

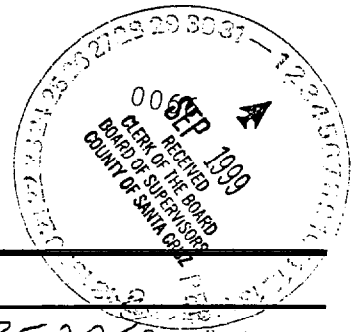
COUNTY COUNSEL

By Samuel Torres, Jr.

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

900 036

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: JAMES MOLNER
Address: PO Box 1514
BOULDER CREEK, CA 95008
Phone No: 831-338-9743
P.O. Box to which notices are to be sent: PO Box 1514
2. Occurrence: _____
Date: 8-27-99 Place: BEAR CREEK ROAD & HARMON GULCH
Circumstances of occurrence or transaction giving rise to claim: COUNTY TRUCK
KICKED UP ROCK & BROKE WINDSHIELD
ON MY TRUCK. OILING WAS BEING DONE
ON BEAR CREEK ROAD.
4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
ATTACHED COST OF REPAIR
5. Name(s) of public employee(s) causing injury, damage or loss, if known: _____
6. Amount claimed now \$ 236.78
Estimated amount of future loss, if known \$ #4996
TOTAL \$ 236.78
7. Basis for above computations: I CALLED THE COUNTY 20 min's
AFTER INCIDENT AND SENT ME CLAIM FORM
8. If the amount claimed is over \$10,000, indicate the court of jurisdiction:
_____ Municipal Court _____ Superior Court

CLAIMANT'S SIGNATURE: James E Molner

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).