



County of Santa Cruz

0015

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda October 26, 1999

To: Board of Supervisors

Re: Claim of Esther R. Kelly, No. 900-040

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. Deny the claim of Esther R. Kelly, No. 900-040 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

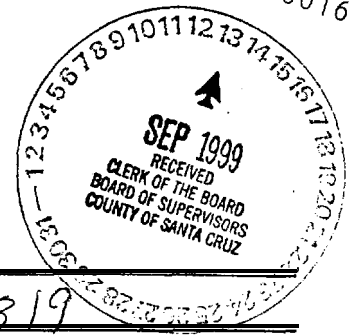
By Samuel Torres, Jr.

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

900040

0016

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



1. Claimant's Name: ESTHER R. KELLY
Address: 2030 PATARO LN # 1319
San Jose CA 95019
Phone No: 722-1333 - FROM 8 AM TO 12 NOON
P.O. Box to which notices are to be sent: _____

2. Occurrence: AUTO MOBILE HIGH CENTERED ON MANHOLE
Date: 8-29-99 Place: 35 BROWNS VALLEY RD.
Circumstances of occurrence or transaction giving rise to claim: AT ABOUT 9:30 TO 10 AM ON SUNDAY 8-29 IN ORDER TO AVOID HITTING A LARGE DOG CHASING MY CAR I WENT OFF THE ROAD AND HIT AN UNMARKED MANHOLE COVER DAMAGING MY 1985 MERCURY.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
* front coil strut push back - see body
raditor fan belt @ replace
notice - please for public safety severely

5. Name(s) of public employee(s) causing injury, damage or loss, if known: Mark the case E.R.

6. Amount claimed now \$ 731.52
Estimated amount of future loss, if known \$ 100,000.00
TOTAL \$ 731.52

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: Esther R. Kelly

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).