



County of Santa Cruz

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OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda November 2, 1999

To: Board of Supervisors

Re: Claim of Justin Reinman, No. 900-055

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 _____ 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.
- x 5. **Reject the claim of** Justin Reinman, No. 900-055 **as insufficiently filed and refer to County Counsel.**

cc: Not County Jurisdiction

RISK MANAGEMENT

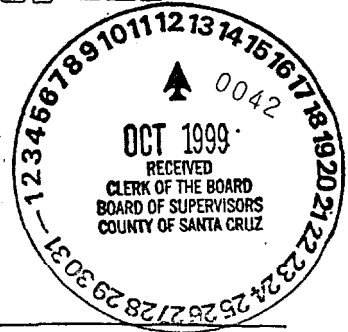
BY Janet McKinley

COUNTY COUNSEL

By Samuel Torres, Jr.

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

900 055



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: Justin Reinman
Address: \$5 Stillbreeze Ln. #10
Watsonville Ca, 95076
Phone No: (831) 761-5101

P.O. Box to which notices are to be sent: _____

2. Occurrence: Arrest made by officer Over
Date: 5-26-99 Place: Locate's fire wood
Circumstances of occurrence or transaction giving rise to claim: During arrest
Mr. Over lost in my wallet containing
around 200 \$s.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
Black wallet including money, Atm cards, and
other important documents.

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

6. Amount claimed now \$ 200.00
Estimated amount of future loss, if known..... \$ _____

TOTAL \$ _____

7. Basis for above computations: Amount of cash lost in wallet

8. If the amount claimed is over \$10,000, indicate the court of jurisdiction:

_____ Municipal Court _____ Superior Court

CLAIMANT'S SIGNATURE: _____

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).