



County of Santa Cruz ⁰⁰³⁹

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

November 9, 1999

Agenda _____

To: Board of Supervisors

Re: Claim of Jon Brayton, No. 900-060

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 Jon Brayton, No. 900-060 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

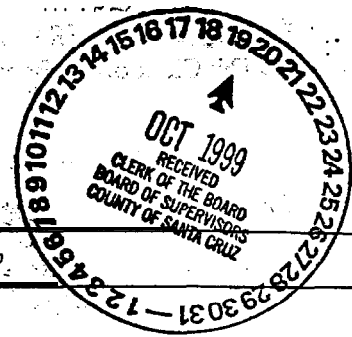
By Samuel Torres, Jr.

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

900-060

0040

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: LOW BRAYTON
Address: 1296 CONFERENCE DR.
SCOTT'S VALLEY
Phone No: 335-3232

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

2. Occurrence: abused power to deny service
Date: 4-23- Place: SCOTT'S ADIOS

Circumstances of occurrence or transaction giving rise to claim: LIFT LINE -
~~Refused~~ denied service - refused to investigate
STAFF behavior - personal secretary to SCOTT
abused power - harassed me

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
Carve led Rides - ~~abused~~ - give services
for disabled. used disability - Doctors
INR. to Agi Tate

5. Name(s) of public employee(s) causing injury, damage or loss, if known: GLANDA SCOTT
LIFT LINE

6. Amount claimed now: \$ 18,000

Estimated amount of future loss, if known: \$ _____

TOTAL \$ 18,000

7. Basis for above computations: COST of CAB Rides for 3 MONTH

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

CLAIMANT'S SIGNATURE: Low Brayton

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).