



# County of Santa Cruz

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## OFFICE OF THE COUNTY COUNSEL

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## GOVERNMENT TORT CLAIM

### RECOMMENDED ACTION

Agenda November 16, 1999

To: Board of Supervisors

Re: Claim of Mark Vance, No. 900-054

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 Mark Vance, No. 900-054 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: Charles Moody, Administrator  
Health Services Agency

RISK MANAGEMENT

BY Janet McKinley

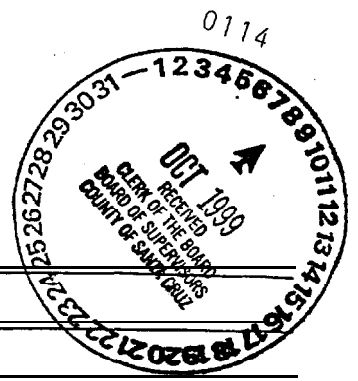
COUNTY COUNSEL

By Samuel Torres Jr

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

Vance  
900-054

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: MARK Vance  
Address: PO BOX 364 Davenport

Phone No: None

P.O. Box to which notices are to be sent: PO BOX 364 Davenport

2. Occurrence: was ignored for forty five minutes & had an apt  
Date: Emelene Place: 10.8.99

Circumstances of occurrence or transaction giving rise to claim: Had a ten fifteen apt for a holo on my right leg, golf ball size, I swollen ankles & sat in the examination room for forty five minutes with no sign of the doctor. I felt I was being purposely ignored

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: Treatment of above said symptoms has been negated

5. Name(s) of public employee(s) causing injury, damage or loss, if known: Dr Kelly, Dr Young

6. Amount claimed now ..... \$ \_\_\_\_\_  
Estimated amount of future loss, if known None ..... \$ \_\_\_\_\_  
TOTAL \$ 5000.00

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: Mark P Vance

Note: Claim must be presented to Cleric, 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).