

County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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Assistants

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

		Agenda	November	16, 1999
To:	Board of Supervisors			
Re:	Claim of Kelli Roberts, No. 900	-061		
Origin	nal document and associated materials are on fi	ile at the Clerk to	the Board o	f Supervisors.
In reg	gard to the above-referenced claim, this is to rec	commend that the	Board take	the following action:
1 X	Deny the claim ofKelli Roberts	, No. 900-061		_ and refer to County
	C o u n s e l. Deny the application to file a late cla			
	and refer to County Counsel.	iii on benun or_		
	3. Grant the application to file a late cla	im on behalf of		_
	and refer to County Counsel.4. Approve the claim of			
-	_4. Approve the claim of and reject the	balance, if any, a	and refer to C	in the amount of County Counsel.
	_5. Reject the claim of to County Counsel.			
cc: M	Mark Tracy, Sheriff-Coroner	RISK MANAG	EMENT	
		BY Jane	t Mak	ninley
		COUNTY COU	NSEL	U
PER510	07 wp rev. 4/99	By Samuel Tan,		

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: 180berts
	Address: 191 Walson Lnda rd.
	Watsonville Ca 95076
	Phone No: 831-724-5384
	P.O. Box to which notices are to be sent:
2.	Occurrence: Violation of Juvenile Civil Rights
	Date: 8/28/99 Place: Seascape Beach.
	Circumstances of occurrence or transaction, giving rise to claim: My con Levi Robert
	reed a CII-Otion or minor innossial cohol-
	3 days later, the shoriff at Actor High had
	my sons jusenilo record sent to him and pas
4.	General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
	Levi was Kicked off the teamfor luk
	dealt with severe peer pressive, almost
	quit school out of enbarrasment
5.	Name(s) of public employee(s) causing injury, damage or loss, if known:
	Lt. Hartness, Marie Tracy, chief Single
6.	Amount claimed now
	Estimated amount of future loss, if known
	TOTAL \$ 1,000,000
7.	Basis for above computations: 5/ 1 15 51:11 degling with pers
	aimost padh's outhall career vined
8.	If the amount claimed is over \$ 10,000, indicate the court of jurisdiction:
	Municipal Court Superior Court
	CLAIMANT'S SIGNATURE: Kelli Roke &
	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).

PER5003