



County of Santa Cruz ⁰¹¹⁹

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 Floyd & Erin Batteast, No 900-065

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 Floyd & Erin Batteast, No. 900-065 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: Mark Tracy, Sheriff-Coroner

RISK MANAGEMENT

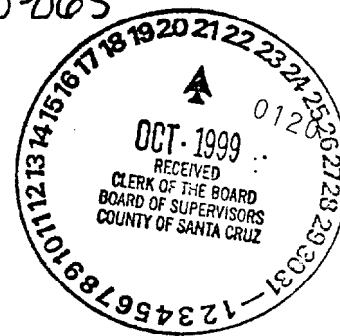
By Janet McKinley

COUNTY COUNSEL

By Samuel Torres, Jr.

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

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: FLOYD B ERIN BATTEAST
Address: 15424 HWY 236
Boulder Creek, CA 95006
Phone No: 338-9732

P.O. Box to which notices are to be sent: PO Box 91 - Brookdale, CA 9500

2. Occurrence: ILLEGAL ENTRY

Date: IN FILE Place: HOME 15424 HWY 236

SEPT, 1999

Circumstances of occurrence or transaction giving rise to claim: WE WERE STAYING W/
FRIENDS. THEY HAD NO RIGHT TO ENTER W/OUT WARRENT.
BROKE THINGS, TOOK PRIVATE PROPERTY, VERBAL ABUSE.
WE FEEL WE ARE BEING HARRESSED!

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:

THE OFFICERS DIDN'T CONDUCT THEMSELVES IN A PROFESSIONAL
MANNER. TREATED US (PREGNANT PERSON IN HOME) WITH
DISRESPECT.

5. Name(s) of public employee(s) causing injury, damage or loss, if known: OFFICER FISH BADGE
#103 & 4 OTHER OFFICERS.

6. Amount claimed now.....\$ 200.00

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

TOTAL \$ 200.00

7. Basis for above computations: BACK BROKEN COLLECTORS DOLLS.
HARRASMENT, MISSING ITEMS.

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

_____ Municipal Court _____ Superior Court

CLAMANT'S SIGNATURE: Floyd B. Batteast

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).