



County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda December 7, 1999

To: Board of Supervisors

Re: Claim of Steve Engel, No. 900-064

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 Steve Engel, No. 900-064 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: John Fantham, Director
Department of Public Works

RISK MANAGEMENT

By Janet McKinley

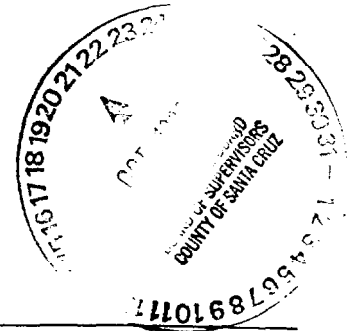
COUNTY COUNSEL

By Samuel Torres, Jr.

900-064

CLAIM AGAINST THE COUNTY OF SANTA CRUZ
(Pursuant to Section 910 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: STEVE ENGEL
Address: 211 HAIRSON AU
Santa Cruz CA
Phone No: 831 x 454 x 9011
P.O. Box to which notices are to be sent: NONE
2. Occurrence: _____
Date: 9-26-99 Place: 38 CAPITOLA
CAPAPIT
Case # CE 992136
Circumstances of occurrence or transaction giving rise to claim: _____

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

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

6. Amount claimed now \$ 89 x 43
Estimated amount of future loss, if known \$ NONE
TOTAL \$ 89 x 43

7. Basis for above computations: INCL x LABOR

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

CLAIMANT'S SIGNATURE: Steve Engel

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 454-2123).

I WAS DRIVING DOWN
38th BETWEEN
PORTOLA & BROWER

9 x 26 x 99

WHILE I WAS PASSING
A PARK METRO BUS
ON 38th AVENUE I RAN
OVER A MANHOLE
COVER

THAT WAS NOT
PROPERLY PUT BACK
WHICH FLEW UP AND
STRUCK MY GAS HOSE
FROM TANK TO FILL
SPOUT AND CUTTING
IT

I THEN CALLED
THE POLICE FROM
ORCA RD SUPPLY

THE POLICE ARRIVED
THE DEPARTMENT
ARRIVED x

DUST TAPING
THE HOSE

THAN CALL ME
A TOW TRUCK BE-
CAUSE I COULD NOT
DRIVE MY VAN x

STEVES ENGEL



Rossi's

TOWING & BODY SHOP
203 CAPITOLA ROAD EXTENSION SANTA CRUZ, CA 95062
PHONE (408) 475-7377 FAX (408) 475-6394
1-800-371-1TOW

Road Service

DATE <u>9.2</u>	TIME <u>12:43 P.M.</u>	A.M. <u>1:10</u>	REQUESTED BY	P.O. NO.
NAME <u>STEVE E. [unclear]</u>			PHONE <u>441 1011</u>	
ADDRESS				
CITY			STATE	ZIP
LOCATION OF VEHICLE <u>1003 FAVE</u>				
YEAR, MAKE, MODEL <u>1997 FORD</u>			COLOR <u><> . ? . ></u>	DRIVER <u>10</u>
STATE LIC. PLATE NO. <u>019 WND 659</u>		VEHICLE I.D. NO.		REGISTERED OWNER
MILEAGE	SERVICE TIME	EXTRA PERSON		
FINISH	FINISH	FINISH		
START	START	START		
TOTAL	TOTAL	TOTAL		
REASON FOR TOW			SPECIAL EQUIPMENT	
<input type="checkbox"/> ACCIDENT	<input type="checkbox"/> ABANDONED	<input type="checkbox"/> FLAT TIRE	<input type="checkbox"/> SINGLE LINE WINCHING	
<input type="checkbox"/> ARREST	<input type="checkbox"/> STOLEN CAR	<input type="checkbox"/> OUT OF GAS	<input type="checkbox"/> DUAL LINE WINCHING	
<input type="checkbox"/> UNREGISTERED	<input checked="" type="checkbox"/> BREAK DOWN	<input type="checkbox"/> IMPOUNDED	<input type="checkbox"/> SNATCH BLOCKS	
<input type="checkbox"/> TOW ZONE	<input type="checkbox"/> LOCK OUT	<input type="checkbox"/>	<input type="checkbox"/> SCOTCH BLOCKS	
<input type="checkbox"/> SNOW REMOVAL	<input type="checkbox"/> START	<input type="checkbox"/>	<input type="checkbox"/> DOLLY	
TYPE OF TOW		TOWED PER ORDER OF		VEHICLE TOWED TO
<input type="checkbox"/> SLING/ HOIST TOW		<input type="checkbox"/> STATE POLICE		FIRST TOW
<input type="checkbox"/> FLAT BED/ RAMP		<input checked="" type="checkbox"/> LOCAL POLICE		<u>211 HARRISON</u>
<input type="checkbox"/> WHEEL LIFT		<input type="checkbox"/> OWNER		SECOND TOW
<input type="checkbox"/>		<input type="checkbox"/> DEALER		
STORAGE FROM			TOWING CHARGE	<u>45 00</u>
TO _____ DAYS <u>05</u>			MILEAGE CHARGE	
PAID BY			EXTRA PERSON	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK DRIVERS LIC. NO. _____			SPECIAL EQUIPMENT	
<input type="checkbox"/> CREDITCARD <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX EXP. DATE _____			LABOR CHARGE	
CC NO. _____			STORAGE	
OPERATOR'S SIGNATURE <u>[Signature]</u> DATE <u>9-26-99</u>			SUB-TOTAL	
TRUCK NO. _____			TAX	
AUTHORIZED SIGNATURE <u>[Signature]</u> DATE _____			TOTAL	<u>45 00</u>
VEHICLE RELEASED TO _____ DATE _____				

Kramer Auto Parts
1470 41st Ave.
San Jose, CA 95128 STORE#1104
(408) 264-6032 FAX# (408) 274-4400
REGISTERED SALES TAX LICENSE# 495330001
SALES TAX PERMIT # 495330001

REPAIR PARTS
SALES TAX PERMIT # 495330001

TRANSPORTATION EXPENSE

SALES TAX PERMIT # 495330001

REGISTERED SALES TAX LICENSE# 495330001

4926 Not responsible for loss or damage to vehicle in case of fire, theft or any other cause beyond our control.

Thank You