



# 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 MICHAEL D. KENNEDY, NO. 900-067

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 MICHAEL D. KENNEDY and refer to County Counsel. NO. 900-067
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

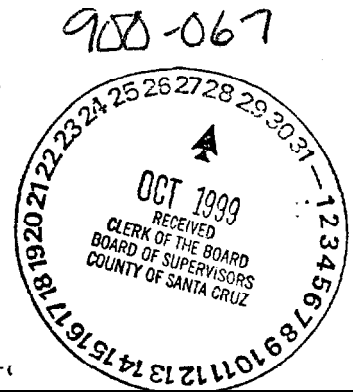
By Janet McKinley

### COUNTY COUNSEL

By Samuel Torres, Jr.

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

TO: BOARD OF SUPERVISORS  
COUNTY OF SANTA CRUZ 0106  
ATTN: Clerk of the Board  
Governmental Center  
701 Ocean Street, Santa Cruz, CA 95060



1. Claimant's Name: Michael D. Kennedy Sr.  
Address: 328 Ocean St. #8  
Santa Cruz, CA. 95060  
Phone No: 471-2579  
P.O. Box to which notices are to be sent: \_\_\_\_\_
2. Occurrence: Was Denied proper Meds. Causing Epileptic Seizure at  
Date: 9-25-99 Place: Water St. Jail (259 Water St.)  
Circumstances of occurrence or transaction giving rise to claim: leading to being taken to  
Dominican by Ambulance, who sent me a bill for 737.12 and tell me  
I have 30 days to pay for some ride I never requested.
4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:  
Dominican 534.00, American Medical Response 737.12.  
Epileptic Seizures leading to Physical and psychological  
DURESS and Damage.
5. Name(s) of public employee(s) causing injury, damage or loss, if known: Water St. Jail
6. Amount claimed now ..... \$, 271.13  
Estimated amount of future loss, if known..... \$ \_\_\_\_\_  
TOTALS 271.13
7. Basis for above computations: Bills from Dominican and Ambulance
8. If the amount claimed is over \$ 10,000, indicate the court of jurisdiction:  
\_\_\_\_\_ Municipal Court \_\_\_\_\_ Superior Court

CLAIMANT'S SIGNATURE: Michael D. Kennedy

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).