



0107
County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

701 OCEAN STREET, SUITE 505, SANTA CRUZ, CA 950604068
(831) 454-2040 FAX: (831) 4542115

DWIGHT L. HERR, COUNTY COUNSEL
CHIEF ASSISTANTS
Deborah Steen
Samuel Torres, Jr.

Assistants
Harry A. Oberhelman III
Marie Costa
Jane M. Scott
Rahn Garcia
Tamyra Rice
Pamela Fyfe
Ellen Aldridge
Kim Baskett
Lee Gulliver
Dana McRae

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda DECEMBER 7, 1999

To: Board of Supervisors

Re: Claim of SEAN L. DAVIS, NO. 900-070

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 X . Deny the claim of SEAN L. DAVIS, NO. 900-070 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

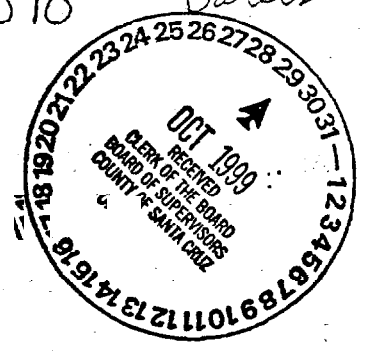
COUNTY COUNSEL

By Samuel Torres, Jr.

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

900070

Davis



TO: BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ
ATTN: Clerk of the Board 0108
Governmental Center
701 Ocean Street, Santa Cruz, CA 95060

1. Claimant's Name: Sean L. Davis
Address: 3607 Avis Ln #1
Santa Cruz, CA 95062
Phone No: (831) 475-6159

P.O. Box to which notices are to be sent: _____

2. Occurrence: Santa Cruz - Possession of Controlled Substance
Date: 10-1-99 Place: Santa Cruz / my home
Circumstances of occurrence or transaction giving rise to claim: The substances were not narcotics, jail time + money spent were part of negative ramifications.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
Money, Jail time, Demotion of job, court time etc.

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

6. Amount claimed now * * * \$ 550.00
Estimated amount of future loss, if known \$ 7
TOTALS _____

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 [Signature]

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).