



County of Santa Cruz

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda DECEMBER 14, 1999

To: Board of Supervisors

Re: Claim of STEVEN ARGUE, NO. 900-073 B

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 STEVEN ARGUE, NO. 900-073 B 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: NOT COUNTY JURISDICTION

RISK MANAGEMENT

By Janet McKinley

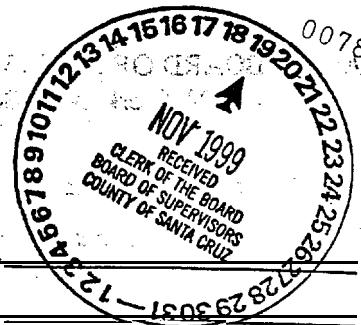
COUNTY COUNSEL

By Samuel Torres

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

700 073 B

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: Steven Arave

Address: 115 Coral St.

Santa Cruz, CA

Phone No: (831) 425-4467

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

2. Occurrence: Theft of my vehicle by parking department

Date: July 22, 1999 Place: Santa Cruz

Circumstances of occurrence or transaction giving rise to claim: Santa Cruz police

falsely claimed I tampered with boot on my
car, parking department wrongly called for my
car to be towed. After stealing my car they then now
are trying to collect tickets.

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

Theft of vehicle, ~~not~~ connected to
continuing violations of 1st amendment rights.

5. Name(s) of public employee(s) causing injury, damage or loss, if known: Head of parking
in office working that day.

6. Amount claimed now \$ 2000

Estimated amount of future loss, if known.

TOTAL \$

7. Basis for above computations: \$5,000 for car, ~~scribbled out~~
~~scribbled out~~ \$15,000 for loss of job.

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).