

CHIEF ASSISTANTS

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

		AgendaJanuary 11, 2000
To: Boar	rd of Supervisors	
Re: Clai	m of Theresa Marie Smith	, No. 900-075
Original do	cument and associated materials a	re on file at the Clerk to the Board of Supervisors.
In regard to	the above-referenced claim, this i	is to recommend that the Board take the following action:
<u> </u>	Deny the claim of Theresa M	Marie Smith, No. 900-075 and refer to County
2.	Deny the application to file a	late claim on behalf of
3 .	and refer to County Counsel. Grant the application to file a	late claim on behalf of
4.	and refer to County Counsel. Approve the claim of	in the amount of
5.		in the amount of ject the balance, if any, and refer to County Counsel. as insufficiently filed and refer
	antham, Director ment of Public Works	RISK MANAGEMENT BY Janet MKinley
		COUNTY COUNSEL V
PER5107 wp re	ev. 4/99	By Samuel Tan,

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

Cidilliant 5 i tallic	e: Theresa marie Smith	E6181 (1919)
Address	s: 119 Marina Ave- Apt D	
	Aptos CA. 95003	
Phone No	io: (n61-0871	
P.O. Box to whic	ch notices are to be sent:	
Occurrence:	Auto domage due to flooding	of Street
Date: Nov. 7	1,1999 Place: 119 Marcina Ave., Aptos	(1a. 95cc3
	f occurrence or transaction giving rise to claim:	
While P	parked nut side my apartment on th	e street. I
feel the	at it was due to the storm do	Lains not being
Cleaner	I and therefore flooding the sto	reets in the area
	of a day of work that was to be	, *
	Day the insurance do ductible and iss' of 10 CD's that we're damaged By the ice employee(s) causing injury, damage or loss, if known:	
Name(s) of public	imednow	took a Rental Car where were
Name(s) of public	Day the insurance do ductible and iss' of 10 CD's that we're damaged by the ic employee(s) causing injury, damage or loss, if known: N/A	took a Rental Car where were
Name(s) of public	imednow * mm, \$_ nt. of future loss, if known	tool a Rental Car where were
Name(s) of public Amount clair Estimated amoun	ic employee(s) causing injury, damage or loss, if known: Manage Manage	Figuite. The ran
Name(s) of public Amount clair Estimated amoun	imednow * mm, \$_ nt. of future loss, if known	Figuite. The ran

Claim must be presented to Clerk, Board of Supervisors, within six (6) months after the act which occasioned the injury. Note: Americans with Disabilities Act questions or requests for accommodations may be directed to the ADA Coordinator at 454-2962 **(TDD** 454-2123).