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County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda FEBRUARY 1, 2000

To: Board of Supervisors

Re: Claim of TIFFANY MEYER, NO. 900-052

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 TIFFANY MEYER, NO. 900-052 and refer to County Council.
- 2. Deny the application to file a late claim on behalf of _____ and refer to County Council.
- 3. Grant the application to file a late claim on behalf of _____ and refer to County Council.
- 4. Approve the claim of _____ in the amount of _____ and reject the balance, if any, and refer to County Council.
- 5. Reject the claim of _____ as insufficiently filed and refer to County Council.

CC: MARK TRACY,
SHERIFF-CORONER

RISK MANAGEMENT

By Janet McKinley

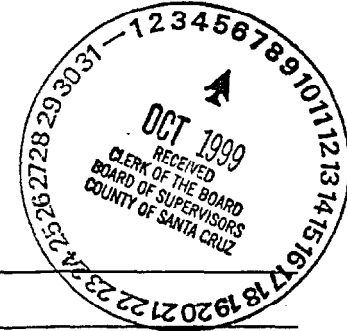
COUNTY COUNSEL

By Samuel Torres, Jr.

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

900-052

TO: BOARD OF SUPERVISORS 0128
COUNTY OF SANTA CRUZ
ATTN: Clerk of the Board
Governmental Center
701 Ocean Street, Santa Cruz, CA 95060



1. Claimant's Name: Tiffany Meyer
Address: 4480 Diamond St. #2
Santa Cruz Cal. 95062
Phone No: (831) 689-3606

P.O. Box to which notice; are to be sent: 4480 Diamond #2 Santa Cruz 95062

2. Occurrence: Loss of property by Jail officers.

Date: 8-12-99 Place: Santa Cruz County Jail

Circumstances of occurrence or transaction giving rise to claim: 2 rings were misplaced by the holding officer when I was transfered from Blair St. Womens facility to County Jail.

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

① 1/4 inch thick white gold (man's) wedding band

② 1/2 inch thick (engraved designed) white gold ring

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

6. Amount claimed now \$ 880.00

Estimated amount of future loss, if known \$ _____

TOTAL \$ 880.00

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: 3 Tiffany H. Meyer

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).