



County of Santa Cruz 0099

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda March 7, 2000

To: Board of Supervisors

Re: Claim of Joe & Sheryl Grover, No. 900-093

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 . Reject the claim of Joe & Sheryl Grover, No. 900-093 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: John Fantham, Director
Department of Public Works

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

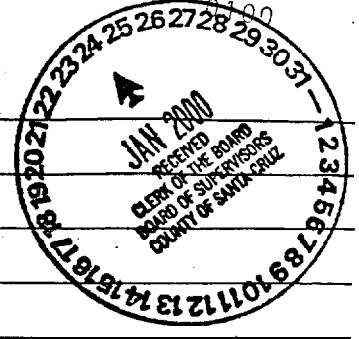
By Samuel Torres

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

900-093

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

100



1. Claimant's Name: JOE & SHERYL GROVER
Address: 6729 SAN LORENZO WY
FERTON, CA 95018
Phone No: 831/430-4284 / 831/662-1548

P.O. Box to which notices are to be sent: N/A

2. Occurrence: WASHOUT
Date: JUL 21, 1999 Place: 6729 SAN LORENZO WY, FERTON
Circumstances of occurrence or transaction giving rise to claim: COUNTY (MAINTAINED)
CULVERT WAS NOT PROPERLY MAINTAINED. IT CRACKED
WHICH ALLOWED WATER TO DRAIN DIRECTLY INTO THE HILLSIDE
AND IN TURN ^{CAUSED} HILLSIDE (PART OF OUR PROPERTY) TO WASHOUT

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
COUNTY DID NOT PROPERLY MAINTAIN CULVERT.
~~PROPERTY WAS LOST~~

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

6. Amount claimed now \$ 25,000
Estimated amount of future loss, if known \$?
TOTALS 25,000

7. Basis-for above computations: PROFESSIONAL ASSESSMENT

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 454-2123).