



County of Santa Cruz 0103

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda March 7, 2000

To: Board of Supervisors

Re: Claim of Michael A. Foraker, No. 900-097

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 _____ and refer to County Counsel.
- X 2. Deny the application to file a late claim on behalf of Michael A. Foraker, No. 900-097 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

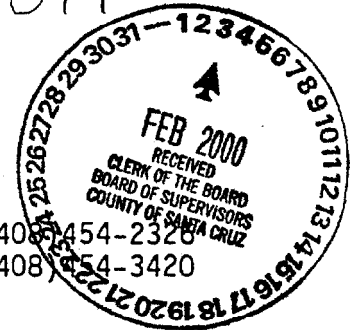
By Samuel Torres, Jr.

900-097

APPLICATION FOR LEAVE TO FILE
A LATE CLAIM, PURSUANT TO SECTION 911.4
OF THE GOVERNMENT CODE

TO: BOARD OF SUPERVISORS
CLERK OF THE BOARD
701 OCEAN STREET, ROOM 500
SANTA CRUZ, CA 96060

PH (408) 454-2328
FAX (408) 454-3420



0104

Michael A. FORAKER hereby makes application for leave to present a late claim founded on a cause of action for Being Year-ended
By County Dump Trucks which occurred on 2/5/99
and for which a claim was not presented within 6 months (for death, injury to personal property or person or crops); or 1 year (any other cause of action) by Section 911.2 of the Government Code. For additional circumstances relating to the said cause of action claimant refers to and hereby incorporates by reference the proposed claim attached to this application.

Claimant hereby sets forth the following reasons why said claim was not timely presented After months of Pain + Depression

caused By this accident I was told about the possibility of an Excellent Job opportunity in Reno, Nevada - I went on a visit and Ended up there for Months (6 mos. expired) Job Ended
I would like personal interview to explain more.
Said application is being presented within a reasonable time after occurrence of

said cause of action, not to exceed one year from the date of the occurrence giving rise to the claim

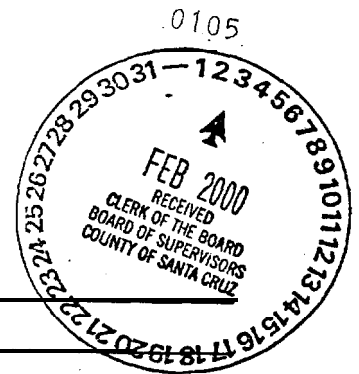
WHEREFORE', claimant respectfully requests that said application be granted pursuant to Government Code 911.6 and that said claim which is hereby attached, be received and acted on in accordance with Sections 910 et seq., of the Government Code of the State of California.

DATED 2/3/2000

CLAIMANT Michael A. Foraker

CLAIM AGAINST THE COUNTY OF SANTA CRUZ
(Pursuant to Section 910 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



1. Claimant's Name: MICHAEL A. FORAKER
Address: 4445 RANCHERO DR
SOQUEL, CA. 95073
Phone No: (831) 476-7423

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

2. Occurrence: I WAS REAR-ENDED BY S.C. COUNTY DUMP TRUCK WHILE STOPPED AT INT.
Date: 2/5/99 Place: INTERSECTION OF OLD SAN JOSE RD + SOQUEL HIGH ENTRANCE

3. Circumstances of occurrence Or transaction giving rise to claim: THE TRUCK HIT MY
SMALL SUBARU WAGON WITH ENOUGH FORCE TO
CAUSE 1326.52 CAR DAMAGE - NECK PAIN SENT ME
TO DOMINICAN E.R. THE NEXT DAY.

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

INDEBTEDNESS - DR. JOHN HERNANDEZ, INJURY - CERVICAL STRAIN
TO ALREADY FRAGILE NECK - LOSS INCURRED AUTO. AND
MEDICAL TO E.R., PHYSICIAN, & MEDICATION - WAGES

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

6. Amount claimed now\$ 8596.52

Estimated amount of future loss, if known.\$ 0

TOTAL \$ 8596.52

7. Basis for above computations: AUTO, DR. BILLS, MEDICATION,
LOST WAGES

8. If the amount claimed is over \$10,000, indicate the court of jurisdiction:

_____ Municipal Court _____ Superior Court

CLAIMANT'S SIGNATURE: MICHAEL A. FORAKER

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).

PER5003

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