



# County of Santa Cruz

## OFFICE OF THE COUNTY COUNSEL

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## GOVERNMENT TORT CLAIM

### RECOMMENDED ACTION

Agenda March 21, 2000

To: Board of Supervisors

Re: Claim of Laura L. Fletcher, No. 900-105

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. Reject the claim of Laura L. Fletcher, No. 900-105 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: Mark Tracy, Sheriff-Coroner

RISK MANAGEMENT

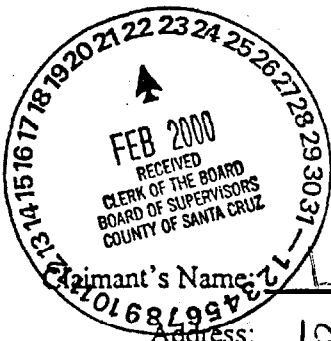
By Janet McKinley

COUNTY COUNSEL

By Samuel Torres Jr.

900-105

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

0046

1. Claimant's Name: Laura L. Fletcher  
Address: 1025 Whispering pines  
Scotts Valley CA 95066  
Phone No: 707 826 1006

P.O. Box to which notices are to be sent: P.O. Box 633 Brookdale CA 95007

2. Occurrence: Assaulted by a Police officer (unprovoked)  
Date: 8-28-99 Place: Home - 1025 Whispering Pines SV CA 95066

Circumstances of occurrence or transaction giving rise to claim: officer deliberately pushed Laura Fletcher down a stairway to gain entrance to house (without a warrant or probable cause)

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:  
Medical Expenses, Loss of wages, Medical Supplies,  
Pain and Suffering, Due to Reflex Sympathetic Dystrophy  
Post traumatic stress,

5. Name(s) of public employee(s) causing injury, damage or loss, if known: County Sheriff's  
Deputy Seargant Heartsner

6. Amount claimed now ..... \$ 10,000.00  
Estimated amount of future loss, if known ..... \$ unknown at this time

TOTAL \$ \_\_\_\_\_

7. Basis for above computations: Reciepts, Doctors Diagnosis, on going  
medical and Psychological treatment.

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

CLAIMANT'S SIGNATURE: Laura L Fletcher

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).