

**CHIEF ASSISTANTS** 

**Deborah Steen** 

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DWIGHT L. HERR, COUNTY COUNSEL

# County of Santa Cruz

### OFFICE OF THE COUNTY COUNSEL

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#### Assistants

Harry A. Oberhelman III Marie Costa Jane M. Scott Rahn Garcia

Pamela Fyfe Ellen Aldridge Kim Baskett Lee Gulliver Dana McRae

## **GOVERNMENT TORT CLAIM**

#### RECOMMENDED ACTION

		Agenda	March 21, 2000
To: Board	of Supervisors		
Re: Claim	ofJunior E. Bernard, No,	900-109	
Original docu	ment and associated materials are on	file at the Cler	rk to the Board of Supervisors.
In regard to the	ne above-referenced claim, this is to r	recommend that	t the Board take the following action:
X1.	Reject the claim of Junior E. B Counsel.	ernard, No.	and refer to County
2.		laim on behalf	of
3.		laim on behalf	of
4.	and refer to County Counsel.  Approve the claim of	a halamaa if ar	in <b>the</b> amount of ny, and refer to County Counsel.
5.	Reject the claim of to County Counsel.	e barance, ii ar	as insufficiently filed and reference.
		RISK MAN	AGEMENT
cc: Mark Tr	acy, Sheriff-Coroner	By Jane	t mekniley
		COUNTITY B y	mul (an)
PER5107 wp rev.	2/00	<u> </u>	

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

900-109

0048

TO: BOARD OF SUPERVISORS  'COUNTY OF SANTA CRUZ  ATTN: Clerk of the Board  Governmental Center
ATTN: Clerk of the Board Governmental Center 70 1 Ocean Street, Santa Cruz, CA 95060  FEB 2000 FEB 200
Claimant's Name: Junios E, Bermid Center Received Carrier Received Control of the Board Contr
Address: 122 Trescony St County of Santa CRUZ
Santa Cruz CA 95060 Secure 2110
Phone No:
P.O. Box to which notices are to be sent: N/A
Occurrence: Personal I njury while being hard cuffed
Date: Feb 3/2000 Place: Court House Dept. 7
Circumstances of occurrence or transaction giving rise to claim: Claumant was not resulting
arrest jet was handayted with excessive force my count
exitence man to his thunk / wint spite of spring and his
arm.
General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
nince relicos from joil de has had strasp has to have his
hand in a cost and see a orthopidic operation be has alot
of pain and has and use of his light hand
Name(s) of public employee(s) casing injury, damage or loss, if known: Sterest - Your Personal Persona
Amount claimed now
Estimated amount of future loss, if known
TOTALS
Basis for above computations: incoming lullo - comprostion don our
autenia
If the amount claimed is over \$ 10,000, indicate the court of jurisdiction:
Municipal Court Superior court
CLAIMANT'S SIGNATURE: Juniof Bornard
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).