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County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda May 2, 2000

To: Board of Supervisors

Re: Claim of Thomas Benoit #900-130

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 ☒ . Reject the claim of Thomas Benoit #900-130 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

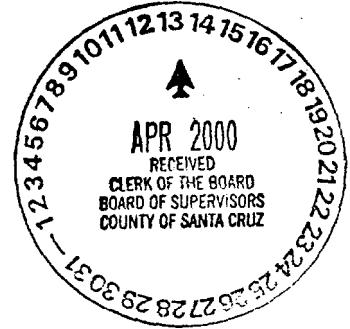
By Samuel Torres

990-130

0002

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: THOMAS BENNET
Address: 2038 REDWOOD DR
SANTA CRUZ, CA 95060
Phone No: (831) 457-1579
P.O. Box to which notices are to be sent: _____
 2. Occurrence: _____
Date: 2/29/00 Place: Glen Canyon Rd @ Beel Dr
 3. Circumstances of occurrence or transaction giving rise to claim: DRIVING southbound, left front wheel drove over deep pothole, damaging tire & wheel - replacement required
 4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: Replaced tire & wheel
 5. Name(s) of public employee(s) causing injury, damage or loss, if known: _____
 6. Amount claimed now\$ 551.33
Estimated amount of future loss, if known.\$ _____
TOTAL \$ _____
 7. Basis for above computations: Replacement cost for wheel & TIRE
 8. If the amount claimed is over \$10,000, indicate the court of jurisdiction:
_____ Municipal Court _____ Superior Court
- CLAIMANT'S SIGNATURE: Thomas J. Bennett

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