

# **County of Santa Cruz**

### OFFICE OF THE COUNTY COUNSEL

701 OCEAN STREET, SUITE 505, SANTA CRUZ, CA 950604068 (831) 454-2040 FAX: (831) 454-2115

#### **Assistants**

DWIGHT L. HERR, COUNTY COUNSEL CHIEF ASSISTANTS
Deborah Steen
Samuel Torres, Jr.

Harry A. Oberhelman III Marie Costa Jane M. Scott Rahn Garcia Tamyra Rice Pamela Fyfe Ellen Aldridge Kim Baskett Lee Gulliver Dana McRae

## **GOVERNMENT TORT CLAIM**

### RECOMMENDED ACTION

			Agenda May 2,	2000
To:	Board	of Supervisors		
Re:	Claim	of <u>Kimball W. &amp; Martha L. S</u> m	all #900-121	
Origin	al docur	ment and associated materials are on	file at the Clerk to th	e Board of Supervisors.
In reg	ard to th	e above-referenced claim, this is to r  Kimball W. &		oard take the following action:
X	<u>1</u> .	Reject the claim of Martha L. Sm. Counsel.	mall #900-121	and refer to County
	_2. 3.	Deny the application to file a late claud refer to County Counsel.  Grant the application to file a late c		
	_0.	and refer to County Counsel.		
	_4.		ne balance, if any, and	in the amount of refer to County Counsel. as insufficiently filed and refer
cc:		/ Samuel, Director, B Department	RISK MANAGEM  By COUNTY COUNS	rkniley_
PER51	07 wp rev.	2/00	By Jenne	(an )

900-121

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

0012

	TO: BOARD OF SUPERVISORS COUNTY OF SANTA CRUZ ATTN: Clerk of the Board Governmental Center 701 Ocean Street, Santa Cruz, CA 95060  Claimant's Name
	ATTN: Clerk of the Board Governmental Center
	701 Ocean Street, Santa Cruz, CA 95060
	Address: 2-2/85 E-CLIFE DRING FREZ IE
	SANT CRUZ, CA 1506C 1821-18
W.	Phone No: 408 41-500
	P.O. Box to which notices are to be sent: 20131 Kancus Leves VISTA DESTRICT
	Occurrence: Rost Danage
	Date: Years Place: 2-2/85 & CLIFF DRIVE
	Circumstances of occurrence or transaction giving rise to claim:
	PARILY CHER - REPREST CURS - TRELLIS
	AND SEMBER LINE.
	General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
	Guessay
	Name(s) of public employee(s) causing injury, damage or loss, if known:
	Amount claimed now
	Estimated amount of future loss, if known
	TOTALS IS BC DETERMINE
•	Basis for above computations:
<b>.</b> .	If the amount claimed is over \$10,000, indicate the court of jurisdiction:
	Municipal CourtSuperior Court
	CLAIMANT'S 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).