

County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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Rahn Garcia	Lee Gulliver
Tamyra Rice	Dana McRae

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda May 2, 2000

To: Board of Supervisors

Re: Claim of Kimball W. & Martha L. Small #900-121

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 Kimball W. & Martha L. Small #900-121 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: Barry Samuel, Director,
Parks Department

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

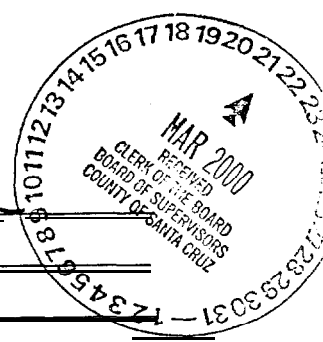
By Samuel Torres

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



1. Claimant's Name Kimball W. & Martha L. Small

Address: 2-2185 E. CLIFF DRIVE
SANTA CRUZ, CA 95062

Phone No: (408) 941-5001

Mailing Address
P.O. Box to which notices are to be sent: 20131 RANCHO BELLA VISTA, SARATOGA, CA 95070

2. Occurrence: ROOT DAMAGE

Date: YEARS Place: 2-2185 E. CLIFF DRIVE

3. Circumstances of occurrence or transaction giving rise to claim: 1990-2000 AND CONTINUING - DAMAGE TO DRIVEWAY
PARKING ALGA - ASPHALT CURBS - TROLLEYS
AND SEWER LINE.

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

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

6. Amount claimed now\$ _____

Estimated amount of future loss, if known\$ _____

TOTAL \$ TO BE DETERMINED

7. Basis for above computations: _____

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

_____ Municipal Court _____ Superior Court

CLAIMANT'S SIGNATURE: [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).