

# **County of Santa Cruz**

## OFFICE OF THE COUNTY COUNSEL

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#### **Assistants**

DWIGHT L. HERR, COUNTY COUNSEL CHIEF ASSISTANTS
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# **GOVERNMENT TORT CLAIM**

## RECOMMENDED ACTION

|        |              |   |                | Agenda   | June 6, 200         | 0   |
|--------|--------------|---|----------------|--|---------------------|---|
| To:    | Board o      | of Supervisors  |                |  |                     |   |
| Re:    | Claim        | ofJames J. Greene,  | No. 900-13     | 3  |                     |   |
| Origin | nal docun    | nent and associated materia                                   | als are on fi  | le at the Clerl  | k to the Board of   | of Supervisors.                           |
| In reg | ard to the   | e above-referenced claim,                                     | this is to rec | commend that   | the Board take      | the following action:                     |
| 1 X    | _ •          | Reject the claim of   | ene, No. 90    | 00-133   | and refer to County |   |
|        | _2.          | Counsel.  Deny the application to fi and refer to County Coun |                | im on behalf   | of                  |   |
|        | 3.           | Grant the application to f                                    |                | im on behalf   | of                  |   |
|        | _4.          | and refer to County County Approve the claim of               |                |  |                     | in the amount of                          |
|        | _5.          |   | =              | balance, if an   | =                   | County Counsel. ficiently filed and refer |
| c c :  | _            | lmberg, Director<br>l Services Department                     |                | RISK MAN  By COUNTY COU | t mckni             | Ley                                       |
| PER51  | 07 wp rev. 2 | 700   |                |  | ()                  |   |

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# **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

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| 1   | BOARR  | RECEIVED  |  |
| 19  | COUNTY | SUPE BOAD   | 71                                     |
| 13  | . 01   | SANTAVISORS                                       | 1/                                     |
| (4) |        | TURUZ   | /دائم                                  |
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|     | 6211   | APR 2000 APR 2000 SUPERVISORS SANTA CRUE DL 6 8 L | 37                                     |
|     |        |   |  |
|     |        |   |  |

| 1. | Claimant's Name: James J. Greene  |               |
|----|---|---------------|
|    | Address: 216 Washburn St. Santa Cruz Co. 95060  |               |
|    |   |               |
|    | Phone No: 427-9232  |               |
|    | P.O. Box to which notices are to be sent: 245-M Mt. Hermon fd. #148 (after Jone)  |               |
| 2. | Occurrence: Tripped over damaged sidewalk adjacent to Country Bldg (at least à" h   | igh c         |
|    | Date: 4/25/00 Place: Water St. in Front of steps of County Bldg.  |               |
| 3. | Circumstances of occurrence or transaction giving rise to claim: Was passing by County Bldg. on   |               |
|    | way from work, tripped + slid on sidewalk (approx. 8:35 pm) witness   |               |
|    | named "Grant" (Female) was sitting on top of stairs. No last name, said she   |               |
| 4. | can be found through S.C. aff folice Officer William Brandt (she volunteers for po-<br>Called 911 who sent Embulance for immediate first aid. (arrived at Holiday Inn, was on lobbi<br>General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: | iree,<br>y ph |
|    | Chrasions (rt. inner elbow knee) lower back, knee + neck injuries   |               |
|    | causing pinching +shooting pains in those areas as well as upper back, legs,  |               |
|    | feet 1+ arms (intermittent hot Frequent) tingling numbress in hards + fingers, heads  | che           |
| 5. | Name(s) of public employee(s) causing injury, damage or loss, if known: South Cruz County Journey   |               |
|    | of building in Front of which this happened.) Refer to S.C. Mun. Code Sec. 15.20  | o. <b>2</b> 8 |
| 6. | Amount claimed now Must went for treatment until funds avoidable s  |               |
|    | Estimated amount of future loss, if known   |               |
|    | TOTAL \$  |               |
| 7. | Basis for above computations: as I have experienced similar injury in part  |               |
|    | continual chiropractic treatment intil symptoms subside   |               |
| 8. | If the amount claimed is over \$10,000, indicate the court of jurisdiction:   |               |
|    | Municipal Court Superior Court  |               |
|    | CLAIMANT'S SIGNATURE: James J. Hoone  |               |
|    |   |               |
|    |   |               |

Claim must be presented to Clerk, Board of Supervisors, within six (6) months after the act which occasioned the injury. Note: Americans with Disabilities Act questions or requests for accommodations may be directed to the ADA Coordinator at 454-2962 (TDD 454-2 123).