

County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

	Agenda June 6, 2000
To:	Board of Supervisors
Re:	Claim of Rose Erin Dabbs, No. 900-134
Origin	al document and associated materials are on file at the Clerk to the Board of Supervisors.
In reg	ard to the above-referenced claim, this is to recommend that the Board take the following action:
X	1. Reject the claim of Rose Erin Dabbs, No. 900-134 and refer to County Counsel.
	2. Deny the application to file a late claim on behalf ofand refer to County Counsel.
	3. Grant the application to file a late claim on behalf of
4	and refer to County Counsel. Approve the claim of in the amount of in the amount of and reject the balance, if any, and refer to County Counsel.
	5. Reject the claim of to County Counsel. as insufficiently filed and refer to County Counsel.
cc:	Rama Khalsa, Administrator Health Services Agency RISK MANAGEMENT By Laret William
PER51	COUNTY COUNSEL By Own rev. 2/00

CLAIM AGAINST THE COUNTY OF SANTA CRUZ (Pursuant to Section 9 10 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



Claimant's Name: Soce Erin Dabbs
Address: 170 Blaine St # 217
Lanta Cruz, CA. 95060
Phone No: 831-423-4722
P.O. Box to which notices are to be sent: Apt. 217 170 Blaine St
Occurrence: Since Spril 19, 2000
Date: Cepril 25, 2000 Place: Santo Cruz Cd. 95060
Circumstances of occurrence or transaction giving rise to claim: chemical hepititus
diagnosis - Dominican Emergency Doctor, coursed by Holdol
forced prescription Dr. Torry Haldol-causative chemical
General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
near death reaction - partial destruction of liverties
Name(s) of public employee(s) causing injury, damage or loss, if known:
Dr. Torrey
Amount claimed now
Estimated amount of future loss, ifknown
TOTALS /, 000, 000
Basis for above computations: Lefe time of pain
Basis for above computations. Vagestone of pain
If the amount element is over C 10,000 indicate the court of unicdiation.
If the amount claimed is over \$ 10,000, indicate the court of jurisdiction:
Municipal CourtSuperior court
CLAIMANT'S SIGNATURE: Lose Erin Dabbs
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).