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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 Samuel H. Vaught, No. 900-137

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 _____ 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.
- X 5. Reject the claim of Samuel H. Vaught, No. 900-137 as insufficiently filed and refer to County Counsel.

cc: John Fantham, Director
Department of Public Works

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

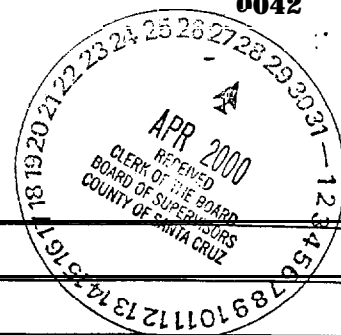
By Samuel Torres Jr

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

900-137

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. Claimant's Name: Shirley H. Vaughn
Address: 833 FRONT ST
APT. 341
Phone No: 427-3666

P.O. Box to which notices are to be sent: _____

2. Occurrence: April
Date: 4/13/2000 Place: on sidewalk of Soquel Ave

Circumstances of occurrence or transaction giving rise to claim: traveling from D. Navies
office to visit friend at driveway on H. via electric scooter
was tipped onto soquel d. with scooter falling onto me.
By that evening was in great pain Rx cured by uprooted sidewalk

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
all medical expenses to date by Soquel Home which
will submit to County. 1st visit, 3 physical therapy visits
so far, muscle relaxants & tub treatments

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

6. Amount claimed now, unknown \$ _____

Estimated amount of future loss, if known open \$ _____

TOTAL \$ _____

7. Basis for above computations: N/A

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

_____ 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 454-2 123).