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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 Betsy Riker Smith/David Smith No. 900-138

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 Betsy Riker Smith/David Smith, No. 900-138 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 tiled and refer to County Counsel.

cc: John Fantham, Director
Department of Public Works

RISK MANAGEMENT

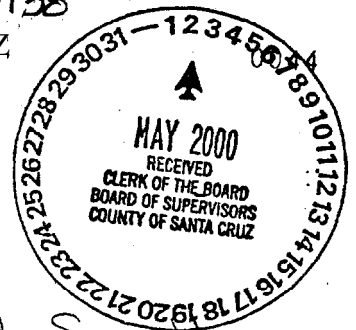
By Janet McKinley

COUNTY COUNSEL

By Samuel Torres

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

900-138



TO: BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ
ATTN: Clerk of the Board
Governmental Center
701 Ocean Street, Santa Cruz, CA 95060

454.
3262

1. Claimant's Name: Betsy Riker Smith / David Smith
Address: 830 Compton Ave
Santa Cruz CA 95062
Phone No: 831-479-0415

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

2. Occurrence: Occulsion of our lateral sewage line
Date: 3/31/00 Place: In front of our house

Circumstances of occurrence or transaction giving rise to claim: The county's subcon-
tractor S.C. Delack Corp) were working on the main
line in front of our house & plugged our lateral
line with grout, etc. We had no plumbing & could
not use water, laundry, shower
until it opened 4/18/00

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
- (1) Apollo Drain Service \$200
 - (2) Miquies Constr. Co \$4800
 - (3) Food & housing x 7 days = \$700
 - (4) Cleaning = \$100
 - (5) Damage to floor
 - (6) Bathroom walls from over flow
 - (7) Lost hours from work & inconvenience \$50

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

6. Amount claimed now: \$ 8,300
Estimated amount of future loss, if known: \$?
TOTAL \$ 8300

7. Basis for above computations: Some receipts attached

8. If the amount claimed is over \$10,000, indicate the court of jurisdiction: others were estimated due to Delack employee (Tony
Sorela) informing us on Friday 4/7/00 that his company would
cover cost of repair, cleaning
& lodging / food
_____ 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).