



# County of Santa Cruz

## OFFICE OF THE COUNTY COUNSEL

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CHIEF ASSISTANTS  
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### GOVERNMENT TORT CLAIM

#### RECOMMENDED ACTION

Agenda June 20, 2000

To: Board of Supervisors

Re: Claim of Gary Hillerson, No. 900-141

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 Gary Hillerson, No. 900-141 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: John Fantham, Director  
Department of Public Works

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

By Samuel Torres

900-141

CLAIM AGAINST THE COUNTY OF SANTA CRUZ  
(Pursuant to Section 910 ct 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



1. Claimant's Name: GARY HILLERSON  
Address: 1621 CHARDONNAY RIDGE  
APTOS, CA. 95003  
Phone No: 831 786 0683

P.O. Box to which notices are to be sent: \_\_\_\_\_

2. Occurrence: Tire and wheel rim ruined by pothole at approx 4 PM  
Date: APR. 28, 2000 Place: Homes Road, near Freedom Blvd

3. Circumstances of occurrence or transaction giving rise to claim: \_\_\_\_\_  
Hit very deep pothole at approx 15 MPH  
I called the county 3 days later, and they  
were patching the hole at that time (Monday, 5/1)

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:  
Ruined tire 75.53  
Ruined wheel rim \$183.60

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

6. Amount claimed now .....% 259.13  
Estimated amount of future loss, if known .....\$ \_\_\_\_\_  
TOTAL \$ 259.13

7. Basis for above computations: Cost of tire and rim replacement

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

CLAIMANT'S SIGNATURE: Jay R Hiller 5/4/2000

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).