

SAMUEL TORRES, JR., COUNTY COUNSEL

County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

Tamyra Rice

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Assistants

Deborah Steen Harry A. Oberhelman III Ellen Aldridge Marie Costa Jane M. Scott

Pamela Fyfe Kim Baskett Lee Gulliver Kathleen Pacheco

CHIEF ASSISTANTS **RAHN GARCIA** DANA McRAE

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

		Agenda September 19, 2000
To:	Board of Supervisors	
Re:	Claim of Cecil Robinson, No. 001-016	6
Origin	inal document and associated materials are on file	e at the Clerk to the Board of Supervisors.
In reg	gard to the above-referenced claim, this is to reco	ommend that the Board take the following action:
1. X	Reject the claim of Cecil Robinson Counsel.	n, No. 001-016 and refer to County
	_2. Deny the application to file a late claim	m on behalf of
	and refer to County Counsel.Grant the application to file a late claim	n on behalf of
	and refer to County Counsel.	
	4. Approve the claim of	in the amount of palance, if any, and refer to County Counsel.
	and reject the batter. and reject the batter. to County Counsel.	palance, if any, and refer to County Counsel. as insufficiently filed and refer
CC: M	Mark Tracy, Sheriff-Coroner R	RISK MANAGEMENT
	Rama Khalsa, Administrator, Health Services Agency	3x Janet MKinley
	C	COUNTY COUNSEL
PER510 Rev 9	107 wp 9/2000	By Tim Elizabet L Rack

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

001-016.

TO: BOARD OF SUPERVISORS
'COUNTY OF SANTA CRUZ
ATTN: Clerk of the Board
Governmental Center

		7	701 Ocean Street,	Santa Cruz, CA 95	060	87 00 A		<u> </u>
I.	Claimant's Name:	Cecil Rol	oinson			1282 28 28 28 28 28 28 28 28 28 28 28 28	n.500	112131476
	Address:	100. Rount	ree Lane			177 SWIA	11/3/10 3 14/8	7
	-		lle, ČA 9507	6		15.65 × 1	2.8.1	,
	Phone No	. •					.063	
	P.O. Box to which	ಯ ತಚ್ಚ ಜಾಗಿಯ	be sent:		•			
2 .	Оссите <u>л</u>	wful use	of force to	effect arrest	•			
	Date: May 30, 2	2000 Pla	ce: <u>701</u> Ocean	Street. Santa	Cruz. CA 95	5060		
Cruz County S	Circumstances of heriff's Office		. •					
	by Santa Cruz							
and no other 4. I have	on of my arrescircumstances General descriptio suffered what	justified n of indebtedr may be p	this unnece ness, obligation, in permanent inju	ssary use of jury, damage or los ary to my arm	force. sincured so far as . I have no	is now known: t been able	to seek	
5.	Name(s) of public and Craig Wil	laon		nage or loss, if know		_	mpos	
6.	Amount claimed n	ow			<u>\$</u> _5(09000.00		
	Estimated amount	of future loss	s. if known		S <u>u</u> ı	nknown		
					тот <u>а</u>	L S		
7.	Basis for above co	mputations: _						
8.	If the amount chin		0,000, indicate the	court of jurisdiction	on: .ta Cruz	Sup 8-6-20 0	erior Court	
	Note: Claim must the injury.	se presented to	o Clerk, Board of S	Supervisors, within	six (6) months afte	r the act which	occasioned	
	Americans with Diat 454.2962 (TD		questions or reque	sts for secommodat	tions may be direct	ted to the ADA	Coordinator	

PER5003