



County of Santa Cruz⁰⁰⁶⁵

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda September 19, 2000

To: Board of Supervisors

Re: Claim of Keith Carney, No. 001-019

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:

- X 1. Reject the claim of Keith Carney, No. 001-019 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: Tom Bolich, Interim Director
Department of Public Works

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

By Kim Elizabeth L Baskett

38/14/2000 3:4:51
AUG-14-00 MON 02:28 PM

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KENNEDY INSURANCE AG

FAX:

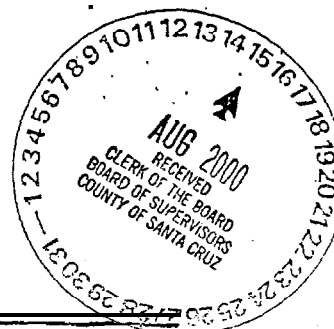
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CLAIM AGAINST THE COUNTY OF SANTA CRUZ
(Pursuant to Section 910 et Seq., Govt. Code)

0066

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: KEITH CARNEY
Address: PO BOX 2872
LOS GATOS CA 95031
Phone No: 408-787-3002
P.O. Box to which notices are to be sent: SAME
 2. Occurrence: 8/12/00
Date: 8/12/00 Place: County Dump - Buena Vista
 3. Circumstances of occurrence or transaction giving rise to claim:
WHILE EXITING MY TIRE WAS CUT BY SPIKES AT EXIT
POORLY MAINTAINED, BENT SPRING NOT WORKING
 4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
1-TIRE PLUS TIRMS TO REPLACE, CALIF. COUNTY EX. FINISH TIRE
 5. Name(s) of public employee(s) causing injury, damage or loss, if known: N/A
 6. Amount claimed now \$ 85
Estimated amount of future loss, if known \$ —
TOTAL \$
 7. Basis for above computations: TIRE Plus Installation
 8. If the amount claimed is over \$10,000, indicate the court of jurisdiction:
_____ Municipal Court _____ Superior Court
- CLAIMANT'S SIGNATURE: Keith Carney

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).

PER5003