



County of Santa Cruz

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 Lawrence Dailey, No. 001-021

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 Lawrence Dailey, No. 001-021 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: Rama Khalsa, Administrator
Health Services Agency

Mark Tracy, Sheriff-Coroner

RISK MANAGEMENT

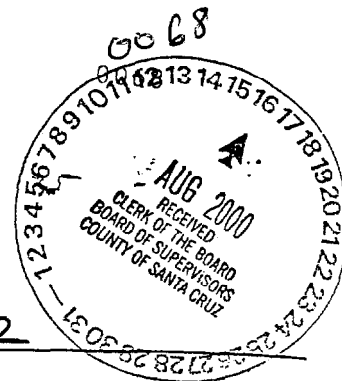
BY Janet McKinley

COUNTY COUNSEL

By Kim Elizabeth Baskett

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

TO: BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ
ATTN: Clerk of the Board
Governmental Center
701 Ocean Street, Santa Cruz, CA95060



1. Claimant's Name: L A WENCE DAILEY #127642

Address: 2 WATER ST.

SANTA CRUZ, CA.

Phone No: N/A

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

2. Occurrence: SMASHED THUMB IN STEEL DOOR

Date: 7-28-00 Place: SANTA CRUZ COUNTY JAIL

Circumstances of occurrence or transaction giving rise to claim: 11:05 PM. LOCK
DOWN WAS CALLED. MY DOOR (CELL 13) WAS ASAR.
AS I REACHED FOR THE KNOB, DALBESIO
SLAMMED THE STEEL DOOR ON MY THUMB.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:

AT THE INSTANT OF OCCURANCE, MY THUMB NAIL
TURNUED BLACK AND STARTED THROBBING, CAUSING
GREAT PAIN AT THE TIME WITH CONTINUEING PAIN WEEKS
AFTER.

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

OFFICER RAY DALBESIO, BADGE #4

6. Amount claimed now., \$ 5,000.00

Estimated amount of future loss, if known., \$ 0

TOTALS 5,000.00

7. Basis for above computations: THROUGH NEGLIGENCE OF THE COUNTY
AND PAIN AND SUFFERING CAUSED. 5,000.00 IS VERY REASONABLE

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

_____ Municipal Court

_____ Superior Court

CLAIMANT'S SIGNATURE: Lance Dailey

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).