



# County of Santa Cruz<sup>0025</sup>

## OFFICE OF THE COUNTY COUNSEL

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### Assistants

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## GOVERNMENT TORT CLAIM

### RECOMMENDED ACTION

Agenda November 21, 2000

To: Board of Supervisors

Re: Claim of Linda Johnson, No. 001-035

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 Linda Johnson, No. 001-035 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, Director  
Department of Public Works

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

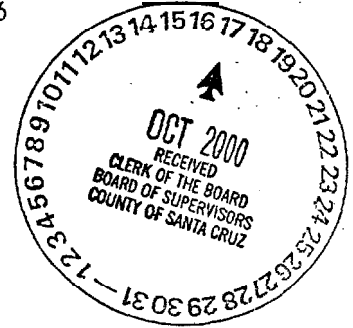
By Kim Elizabeth L Baskett

001-035

0026

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, CA 95060



1. Claimant's Name: Linda Johnson  
Address: 8902 Kingswood Drive  
Las Vegas, Nevada 89147  
Phone No: Um: 702-838-9501 or cell 702-461-8983

P.O. Box to which notices are to be sent: Same AS Above.

2. Occurrence: Slip & Fall on 7th Ave. at Beach crossing pedestrian cross-walk.  
Date: Aug 26, 2000 Place: 7th Avenue

3. Circumstances of occurrence or transaction giving rise to claim: 7th Ave. pedestrian walkway  
Slip & Fall w myself "Linda" & my son "Cole" 3 1/2 yrs old holding him.  
Walking to go to beach & as I was in the middle of the crosswalk  
w/ my son there were many potholes, w/ gravel, broken pavement.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: (see photographs)  
I loss 5 days of sleep and my legs, knees, left ankle were in  
a lot of pain. Treading w/ any type of pressure from driving etc... very hard to wal  
Notable to climb my home stairs, could not take care of my children. Felt sick  
to my stomach

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

6. Amount claimed now ..... \$2500.00

Estimated amount of future loss, if known ..... \$ To be determined.

TOTAL \$ \_\_\_\_\_

7. Basis for above computations: Pain & Suffering, Health Rt Knees has  
Not Felt 4-4-e same since accident.

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

\_\_\_\_\_ Municipal Court \_\_\_\_\_ Superior Court

CLAIMANT'S SIGNATURE: [Signature] 10/10/00  
(Neckless is in plastic bag)

Note: NOTE: Neckless broke while my son was holding on to my neck as we were  
Claim must be presented to Clerk, Board of Supervisors, within six (6) months after the act which occasioned the injury. Falling.

Americans with Disabilities Act questions or requests for accommodations may be directed to the ADA Coordinator at 454-2962 (TDD 454-2123).

PER5003