



County of Santa Cruz

000 1

OFFICE OF THE COUNTY COUNSEL

701 OCEAN STREET, SUITE 505, SANTA CRUZ, CA 950604068
(831) 454-2040 FAX: (831) 454-2115

SAMUEL TORRES, JR., COUNTY COUNSEL

CHIEF ASSISTANTS
RAHN GARCIA
DANA McRAE

Assistants

Deborah Steen	Pamela Fyfe
Harry A. Oberhelman III	Ellen Aldridge
Marie Costa	Kim Baskett
Jane M. Scott	Lee Gulliver
Tamyra Rice	Kathleen Pacheco

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda December 12, 2000

To: Board of Supervisors

Re: Claim of Teresa Silva, No. 001-040

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 Teresa Silva, No. 001-040 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

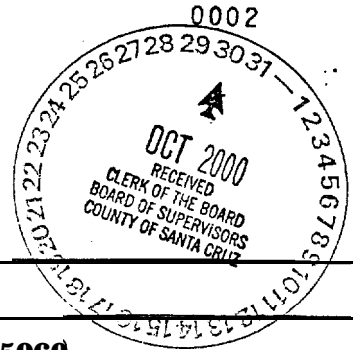
COUNTY COUNSEL

BY Kim Elizabeth L Baskett

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

001-040

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: **Teresa Silva**
Address: **c/o James C. Almeida**
1607 Ocean Street Santa Cruz, Ca. 95060
Phone No: **831-458-4267**

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

2. Occurrence: **Personal Injury**

Date **May 1, 2000** e : **1865 Seascap Blvd. Aptos, Ca.**

Circumstances of occurrence or transaction, giving rise to claim: **Claimant suffered**
personal injuries in a trip and fall accident caused by a 1 1/2 inch
raised section of sidewalk adjacent to 1865 Seascap Blvd. Aptos.

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

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

6. Amount claimed now \$ **exceeds \$10,000.00**

Estimated amount of future loss, if known \$ **unknown**

TOTAL \$ **exceeds \$10,000.00**

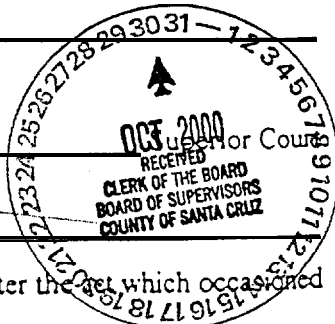
7. Basis for above computations: **Medical bills,, general damages**

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

CLAIMANT'S SIGNATURE: _____

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 454-2 123).



PER5003

9