

# **County of Santa Cruz**

#### OFFICE OF THE COUNTY COUNSEL

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**RAHN GARCIA** DANA McRAE

## **GOVERNMENT TORT CLAIM**

### RECOMMENDED ACTION

				Agenda_	December	12, 2000
To:	Board	of Supervisors				
Re:	Claim	of_ Eric Bellis, N	o. 001-041			
Orig	inal docu	ment and associated ma	aterials are on t	file at the Cle	rk to the B	oard of Supervisors.
In re	gard to th	ne above-referenced cla	im, this is to re	ecommend that	t the Board	I take the following action:
1 X	·	Reject the claim of	Eric Bellis	s, No. 001-0	)41	and refer to County
	_2.	Counsel.  Deny the application	to file a late cla	aim on behalf	of	
		and refer to County C	Counsel.		-	
	3.	Grant the application		aim on behalf	of	
		and refer to County C				
- 4	• •	Approve the claim. of		1 1 10	1 0	in the amount of
	5.	Reject the claim of	=		-	er to County Counsel.
	5.	to County Counsel.			as	insufficiently filed and refer
cc:	Tom Bo	lich, Director		RISK MAN	IAGEMEN'	Т
	Departr	ment of Public Work	s	By <u>Un</u>	ame	Kinley
				COUNTY	COUNSEL	S
	107 wp 9/2000			Ву	n Ely	abet 1 ROGI

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## 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

	Eric Bellis	The state of the s		
	6 Dodge Street	131 21 51 51 ST		
_	San Francisco, California 941			
Phone No: _	415/440-8435			
P.O. Box to which no	otices are to be sent:			
Occurrence: Fall into drainage gully				
Date: May 13,	2000 Place: approx. 21 Seacliff I	Drive, Aptos		
Circumstances of oc at 9:45 p.m.	currence or transaction giving rise to <b>claim</b> : Wallow Nation left side. Attempted to walk as	lking North-West on Seacliff Drivound storm drain cover near 21		
beyond boundar	. Into draining quity worth encroad ry denoted by warning flag and rai	sed curb (see attached photos).		
Injuries susta	ined due to failure to properly fe	ence off or warn of drainage gull		
lost income from	n inability to work during recupe	eration period		
	mployee(s) causing injury, damage or loss, if know			
Name(s) of public er	mployee(s) causing injury, damage or loss, if know	n: Unknown		
Name(s) of public er  Amount claimed no	mployee(s) causing injury, damage or loss, if know	n: Unknown		
Name(s) of public er  Amount claimed no	mployee(s) causing injury, damage or loss, if know	n: <u>Unknown</u> \$20,000\$ unknown at present		
Name(s) of public er  Amount claimed not Estimated amount of	mployee(s) causing injury, damage or loss, if know	rn: Unknown \$20,000  ,\$ unknown at present  TOTAL \$		
Name(s) of public er  Amount claimed not Estimated amount of Basis for above computering	mployee(s) causing injury, damage or loss, if know  w,  f future loss, if known,  mputations:medical expenses, lost	rn: Unknown \$20,000 \$ unknown at present  TOTAL\$  income, future medicals, pain an		
Name(s) of public er  Amount claimed not Estimated amount of Basis for above computering	mployee(s) causing injury, damage or loss, if know  w,  f future loss, if known,  mputations:medical expenses, lost  med is over \$10,000, indicate the court of jurisdiction Municipal Court	rn: Unknown \$20,000 \$ unknown at present  TOTAL\$  income, future medicals, pain an		
Name(s) of public er  Amount claimed not Estimated amount of Basis for above computering	mployee(s) causing injury, damage or loss, if know  w	n: Unknown \$20,000 \$ unknown at present  TOTAL \$ income, future medicals, pain an		

No<sup>5</sup>e: 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).

