

SAMUEL TORRES, JR., COUNTY COUNSEL

County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

701 OCEAN STREET, SUITE 505, SANTA CRUZ, CA 95060-4068 (831) 4541040 FAX: (831) 454-2115

Assistants

CHIEF ASSISTANTS RAHN GARCIA DANA McRAE

Deborah Steen Harry A. Oberhelman III Ellen Aldridge Marie Costa Jane M. Scott

Tamyra Rice

Pamela Fyfe Kim Baskett Lee Gulliver Kathleen Pacheco

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

	Agenda December 12, 2000
To: Board of Supervisors	
Re: Claim ofConnie Lester	c, No. 001-047
Original document and associated ma	aterials are on file at the Clerk to the Board of Supervisors.
In regard to the above-referenced cla	im, this is to recommend that the Board take the following action:
Х	Connie Lester, No. 001-047
1. Reject the claim of	and refer to County
Counsel.	
	to file a late claim on behalf of
and refer to County C	
	to file a late claim on behalf of
and refer to County C	•
4. Approve the claim of	in the amount of
5 D: (1 1: C	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: Not County Jurisdiction	RISK MANAGEMENT
District Attorney's Office	1 2200
	By Janet IY Kimbers
	COUNTY COUNSEL
PER5107 wp	By Fin Elizabet 18061
Rev 9/2000	

, NSTRI	UCTIONS:	Complete	h line below, otherwise,	form may l	et75466	ge to insur	fficiency of		
		claim.		/-	S - A	0970	001-047		
CLAIM FORM COUNTY OF SANTA CRUZ COUNTY OF SANTA CRUZ									
			CLAIM FORI	CRUZ	NUV 200	0 z	0008 .		
				77	BOARD OF THE BOA	RD - 1 - 1			
1.	Name of Cla	aimant:	LESTER.	Conne	OF SANTA CE		260+6		
			Last	First	62	Middle			
	D : 1		1019 Broadwa	. D	S212223	610	95210		
2.	Residence A	.ddress: ,	Street No. and Name	Apt No.	City	State	7:- Cordo		
			offeet No. and Name	Aprillo.	City	State	Zip Code		
3.	Mailing Addr	ess for all No	tices: <u>Same as</u>	avou	•				
	· ·		Street No. or P.O. Box	Cit		State	Zip Code		
_	Desidence D	N N 102	11000011	D D	83/	469-	6727		
4.	Residence P	none No. <u>(کح)</u> Area)	1) 458-9561	Bus. Phone	e No. <u>(⊀⊖4)</u> (Area	Code)			
5.	Evact Date		age or Loss : <u>6/35</u>	1700			: a m /n m		
				700	। ।।।।е		a.m./p.m.		
6.	Exact Locati	on injury, Dam	age or Loss Occurred:						
_					Dell 1	2			
7.	Describe all	of your injurie	es, Damages or Losses:	See	Alack				
_						(ov	er if needed)		
8.	Describe ho	w accident of	ccurred:						
							er if needed)		
9.			cle, show Vehicle License						
10.	Name(s) of	City of Santa	Cruz employee(s) causing	injury, dama	ige or loss, it	f known:			
44	\\/:tracasasas								
11.	Witnesses:	Name	Addres	Address		Phone			
		Trumo							
	=				(()			
	ı	Name	Address	S		Phone lover i	if needed)		
12.	Amount of	Claim: \$ 5	565 IMPORTANT: Atta	ach supportir	na bills or st	ate how v	ou computed		
		of claim (ove			3	,			
				\wedge		(
	q c s	57 S	A L	Tolu /	-/-				
	/ - () · (COMME/IL	Claimar	nt's Signature	WY5			
	Date			Ciamilai	it a Oignature				
	-			A . A1. *		-411 0 1			
	Date			Authori	zed Representa	itive's Signat	cure		
				Motific	eation: You	ı will be ne	otified		

within approximately 45 days regarding claim

A: CLAIMS\CLAIM.FRM

the City of Santa Cicis, Ham filing this claim with the County for the reason that also from same gain with the County for the reason that also from same gain when he was pulled over four blocks from our house. The car was registered but had not liverify passed the smog. The officer gave my housemate a fix-it ticket but when he ran his license through the computer it came up suspended because of unpaid child support. The officer impounded the car at that point. Simba explained that 'this was a mistake, he did not owe child support. Since he was only four blocks from home, he asked if he could call

Simba called the **DMV** the next day and they informed him that the District Attorney's Office Family Support Division had requested a suspension of his license due to unpaid child support. Simba then called the District Attorney's Office, Family Support Division they admitted it was a mistake. They said he would have to come to the office and fill out a form to request a letter stating they had made an error. We called North County Towing to ask if we had a letter from the District Attorney's Office explaining the error would they release the car. They said we would have to pay them regardless arid work out reimbursement from the agency responsible for the error. Simba requested the letter the following week. This all happened the last week of the month. Since I get paid once a month I paid the city but was unable to raise the money for the towing until June 30. Simba received the letter from the District Attorney's Office on July 21, 1999.

me to come pick up my car. The officer said no and the car was impounded.

I contacted the police department regarding the \$130 I paid them. They said I needed to get the reimbursement from DMV as they, (the police), were only following DMV's directive. DMV said they were only following the District Attorney's Office directive and I should request full reimbursement from them. The District Attorney's Office said that the police didn't have to impound the car so the police should reimburse me. I was finally told to go to the city.

Attached are copies of the canceled checks and the letter from the District Attorney's Office. I can be reached at 458-9561 until September 11. I will then be back'at work and can be reached at 459-5727. Thank you for your attention to this matter.

Respectfully,

Conne Lester

0009