

County of Santa Cruz ⁰⁰¹³

OFFICE OF THE COUNTY COUNSEL

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Pamela Fyfe Kim Baskett Lee Gulliver Kathleen Pacheco

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

December 12, 2000 Agenda

To: Board of Supervisors

Claim of Alexis Root, No. 001-049 Re:

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:

<u> </u>	Reject the claim of Root, No. 00	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

COUNTY COUNSEL

abet/

PER5107 wp Rev 9/2000

\$ 30-001-04 90014

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

	Claimant's Name: Alexis Root
	Address: 3045 Carpitola Rd. #310
	Phone No: (831) 4105-9747
P.O. Box to which notices are to be sent:	
	Occurrence: <u>Car struck patholes bending three mus</u>
	Date: 10-31-00 Place: Old San Jose rd.
Circumstances of occurrence or transaction giving rise to claim: <u>These month</u>	
	patholes in the road and upon bitting one bent
	<u> </u>
	General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
	There are three bent time on my car tha
	There are three bent time on my car that 4 need to be replaced in addition an
	a lannaent , i i il loe noeded.
	Name(s) of public employee(s) causing injury, damage or loss, if known:
	Amount claimednow
	Estimated amount of future loss, if known
	TOTAL \$
	Basisforabovecomputations: I'm enclosing an estimate. Timena
	I deducted \$95 from the total because of the one
	Scock Tink . If the amount claimed is over \$10,000, indicate the court of jurisdiction:
	Municipal Court Superior Court
	Aline Pol
	CLAIMANT'S SIGNATURE: HUXIS KERT G

Note: Claim must be presented to Clerk, Board of Supervisors, within six (6) months after the art 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).

