



County of Santa Cruz

0015

OFFICE OF THE COUNTY COUNSEL

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Assistants

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CHIEF ASSISTANTS
RAHN GARCIA
DANA McRAE

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda December 12, 2000

To: Board of Supervisors

Re: Claim of Ian Sanderson, Claim No. 001-052

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 _____ 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.
- x 5. Reject the claim of Ian Sanderson, No. 001-052 as insufficiently filed and refer to County Counsel.

cc: Not County Jurisdiction

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

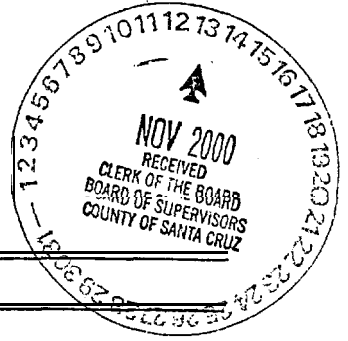
By Kim Elizabeth Baskett

001-052

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

0016

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: Jan Sanderson
Address: 210 Braemoor Drive (Bonny Doon)
Santa Cruz CA 95060
Phone No: (831) 457-0320

P.O. Box to which notices are to be sent: see above

2. Occurrence: Tree growing out over curb/sidewalk hazaradously in Boulder Creek
Date: 9/8/2000 Place: 13132 Hwy 9 (outside "Sincerely Yours")

3. Circumstances of occurrence or transaction giving rise to claim: Backing into a designated parking spot where the roadway surface was changed ~~at~~ the back right upper corner of my Toyota Truck bed contacted the tree (photo, ^{see} address above) that has not been maintained & has allowed it to grow 12"-18" into the roadway curb space.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
repair 2 1/2" dent on Truck bed, 1, (upper right hand corner)

5. Name(s) of public employee(s) causing injury, damage or loss, if known: (Please have public works trim tree to prevent future hazards)

6. Amount claimed now \$ 233⁷³
Estimated amount of future loss, if known \$ None
TOTAL \$ 233⁷³

7. Basis for above computations: See auto body bill (2 dents repaired, one is Santa Cruz county responsibility - each dent equal cost to repair, claim = 1/2 of attached invoice)

8. If the amount claimed is over \$10,000, indicate the court of jurisdiction: proof of payment also Attached
_____ Municipal Court _____ Superior Court

CLAIMANT'S SIGNATURE: Jan Sanderson 11/10/2000

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).