



County of Santa Cruz⁰⁰¹⁷

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda December 12, 2000

To: Board of Supervisors

Re: Claim of Mt. Hermon Association, Inc., No. 001-055

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:

- No. 001-055
- X 1. Reject the claim of Mt. Hermon Association, Inc., 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: Barry Samuel, Director, POSCS

RISK MANAGEMENT

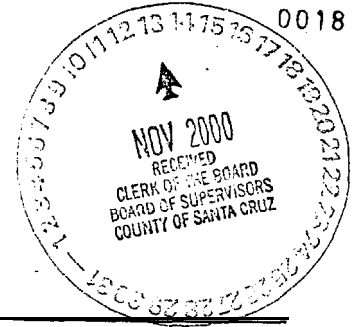
By Janet McKinley

COUNTY COUNSEL

By Kim Elizabeth Baskett

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



1. Claimant's Name: Mount Herman Association, Inc.
Address: P.O. Box 413
Mount Herman CA. 95041
Phone No: 831 - 430 - 1221

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

2. Occurrence: Auto accident

Date: 10/10/2000 Place: Unincorporated Santa Cruz County

3. Circumstances of occurrence or transaction giving rise to claim: Auto accident. See
CHP Traffic Collision report # NCIC 9720 (Officer
14665), which identified Santa Cruz County employee as
causing collision.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
see attached.

5. Name(s) of public employee(s) causing injury, damage or loss, if known: Christine Ford Brannish

6. Amount claimed now \$ 2,425.33
Estimated amount of future loss, if known..... \$ Unknown

TOTAL \$ 2,425.33 + unknown costs

7. Basis for above computations: See attached

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

CLAIMANT'S SIGNATURE: [Signature] for Mount Herman Association, Inc.

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).

General Description of indebtedness,

1979 Toyota Pickup – irreparable damage, totaled.

Employee sustained neck and nerve damage, has not worked since October 10. Mount Hermon Association, Inc. has put Mr. Grable on Workers compensation insurance at Mr. Grable's request. Insurer has incurred unknown amount of medical bills, including ambulance (10/10/2000) and MRI (11/8/00). Worker's comp carrier needs to be reimbursed for debts it has incurred, which include reimbursing Mr. Grable's salary.

As Mr. Grable has not worked since October 10, Mount Hermon Association, Inc. has incurred part time labor charges.

While extent of Mr. Grable's injury is being determined, Mount Hermon Association, Inc. continues to pay ongoing costs of employee benefits.

Mount Hermon Association, Inc. may face costs associated with replacing experienced employee (job search, loss of productivity / efficiency, etc.).

Mount Hermon Association, Inc. has incurred administrative costs associated with reporting Mr. Grable's accident and responding to the (short term?) loss of an employee.

Other-as-yet-unidentified losses to the Mount Hermon Association, Inc. may arise from this claim.

Mount Hermon Association, Inc.

Amount claimed for Grable accident

As of 11/8/00

includes only costs through this date and is not an exhaustive listing of possible loss

Does not include costs due to Mount Hermon Association, Inc.'s Workers Compensation carrier

1979 Toyota Pickup	350.00
Part time labor costs	584.95
Grable Health / Dental Benefits (one month)	745.18
Other benefits	501.75
Administrative Costs	243.45
Total	2,425.33