



# County of Santa Cruz<sup>0021</sup>

## 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 Adam Scott Penniman, No. 001-056

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 Adam Scott Penniman, No. 001-056 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: Mark Tracy, Sheriff-Coroner  
Rama Khalsa, Administrator,  
Health Services Agency

### RISK MANAGEMENT

By Janet McKinley

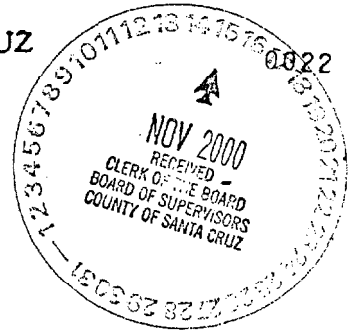
### COUNTY COUNSEL

BY Kim Elizabeth L Baskett

001-056

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: ADAM SCOTT PENNIMAN  
Address: 2600 FRESNO ST, SANTA CRUZ, CA 95062  
Phone No: 831.479.4475  
P.O. Box to which notices are to be sent: \_\_\_\_\_
2. Occurrence: FAILED TO TREAT SERIOUS INJURY WHILE IN CUSTODY.  
Date: 9/8/2000 to 11/8/2000 Place: SANTA CRUZ COUNTY JAIL  
Circumstances of occurrence or transaction giving rise to claim: I BROKE MY ANKLE JUST PRIOR TO BEING TAKEN INTO CUSTODY AND DESPITE REPEATED PLEAS FOR MEDICAL ATTENTION, JAIL PERSONNEL AND MEDICAL PERSONNEL FAILED AND REFUSED TO EXAMINE, DIAGNOS, OR TREAT MY SERIOUS INJURY.
4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:  
FULL EXTENT OF DAMAGES ARE YET UNKNOWN, HOWEVER IT IS BELIEVED THAT THEIR FAILURE TO TREAT HAS CAUSED SERIOUS AND PERMANENT DAMAGE. ALSO, SEVERE PAIN & EMOTIONAL DISTRESS.
5. Name(s) of public employee(s) causing injury, damage or loss, if known: C.O. BADGE # 81, OTHER UNKNOWN JAIL & MEDICAL PERSONNEL.
6. Amount claimed now ..... \$ UNKNOWN @ PRESENT  
Estimated amount of future loss, if known ..... \$ UNKNOWN @ PRESENT  
TOTAL \$ OVER \$10,000
7. Basis for above computations: NA
8. If the amount claimed is over \$ 10,000, indicate the court of jurisdiction:  
\_\_\_\_\_ Municipal Court JURISDICTION IS SUPERIOR COURT. Superior Court

CLAIMANT'S SIGNATURE: Adam Penniman

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 454-2123).