



County of Santa Cruz

0025

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 Ralph Amolsch & Marilyn Amolsch, No. 001-059

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 Ralph Amolsch & Marilyn Amolsch
No. 001-059 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

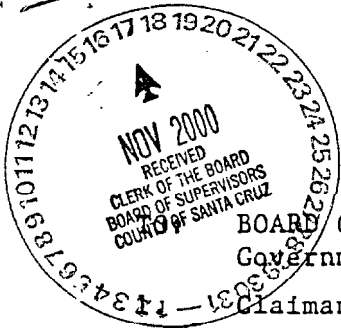
RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

By Kim Elizabeth Baskett

PER5107 wp
Rev 9/2000



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

BOARD OF SUPERVISORS, COUNTY OF SANTA CRUZ, ATTN: Clerk of the Board
Governmental Center, 701 Ocean Street, Santa Cruz, CA 95060

Claimant's Name RALPH AM OLSCH & MARILYN AM OLSCH
2. Claimant's Address 1921 42nd Ave
CAPITOLA CA 95010

Claimant's Phone No. 931 462 5156 Home 831 426 4500 WORK

2. Post Office address to which Notices are to be sent:

3. Occurrence: CITY OF GUNTER SEWER MAIN BACKING UP
Date: 11-15-00 Place: 1921 42nd Ave CAPITOLA CA 95010

Circumstances of Occurrence or Transaction giving rise to Claim:

RAW SEWAGE Spilling out all over driveway from BACK FLOW
Device. This resulted from County Main Line being plugged up.
BROKE OUR Sewer Release Valve on the Back Flow Device

4. General description of Indebtedness, Obligation, Injury, Damage or Loss
Incurred so far as is now known: CALLED Plumber 150⁰⁰
SEWER VALVE for Back Flow Device 49.68
Total 199.68 Plumber called County Pump STATION

5. Name or Names of Public Employee or Employees causing injury, damage or loss,
if known: Per Gary Dubinsky 831 464 5468 We should
be reimbursed

6. Amount claimed now \$ 199.68
Estimated amount of future loss, if known. \$ No Known
TOTAL \$ 199.68

7. Basis of above computations 49 ER Rooter & DRAIN Service 150⁰⁰
+ Sewer Back flow valve from San Lorenzo Lumber 46⁰⁰ + 3.68 tax = 49.68

If the amount claimed is over \$10,000 indicate the court of jurisdiction.

_____ Municipal Court

_____ Superior Court

Ralph & Marilyn Amolsch
CLAIMANT'S SIGNATURE

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

American with Disabilities Act questions or requests for accommodations may be
directed to the ADA Coordinator at 454-2530, TDD number 454-2924.

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