

County of Santa Cruz

0035

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda January 23, 2001

To: Board of Supervisors

Re: Claim of Susana L. daSilva, No. 001-067

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:

- X 1. Reject the claim of Susana L. daSilva, No. 001-067 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

001-067

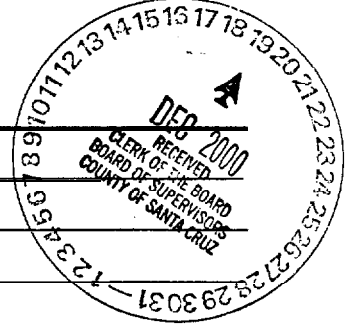
CLAIM AGAINST THE COUNTY OF SANTA CRUZ
(Pursuant to Section 910 et Seq., Govt. Code)

RECEIVED 0036

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PERSONNEL DEPT.

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: Susana L. da Silva
Address: 461 Island ST
MORRO Bay, CA 93442
Phone No: 805 - 772-9533

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

- 2 Occurrence: Rock hit windshield & cracked
Date: 12/10 Place: LAKEVIEW DR WATSONVILLE
- 3 Circumstances of occurrence or transaction giving rise to claim: I was driving on lakeview to my brothers, heard a rock hit windshield in zone w/ road work in progress. Did not notice crack until @ my brothers - by the end of day crack spread across entire windshield
- 4 General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: due to extensive damage to my windshield from rock I need to replace entire windshield including molding - Total cost - \$215.28
- 5 Name(s) of public employee(s) causing injury, damage or loss, if known: CONSTRUCTION 'Rop' Repair in LAKEVIEW DR 12/10 100 around 3pm.
- 6 Amount claimed now\$ 215.28
Estimated amount of future loss, if known.\$ —
TOTAL \$ 215.28
- 7 Basis for above computations: Estimate from Advantage Glass - See Attached
- 8 If the amount claimed is over \$10,000, indicate the court of jurisdiction:

_____ Municipal Court _____ Superior Court

CLAIMANT'S SIGNATURE: Susana L. da Silva

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 455-9962 (TDD 454-2123).

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