



# County of Santa Cruz<sup>0041</sup>

## OFFICE OF THE COUNTY COUNSEL

701 OCEAN STREET, SUITE 505, SANTA CRUZ, CA 950604068  
(831) 454-2040 FAX: (831) 464-2115

### Assistants

SAMUEL TORRES, JR., COUNTY COUNSEL

CHIEF ASSISTANTS  
RAHN GARCIA  
DANA McRAE

Deborah Steen	Pamela Fyfe'
Harry A. Oberhelman III	Ellen Aldridge
Marie Costa	Kim Baskett
Jane M. Scott	Lee Gulliver
Tamyra Rice	Kathleen Pacheco

## GOVERNMENT TORT CLAIM

### RECOMMENDED ACTION

Agenda January 23, 2001

To: Board of Supervisors

Re: Claim of Herschel P. Dosier, No. 001-071

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 Herschel P. Dosier, No. 001-071 as insufficiently filed and refer to County Counsel.

cc: Not County Jurisdiction

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)

0042

001-071

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: HERSCHEL P DOGIER  
Address: PO Box 1003  
SAN JUAN BAUTISTA CA 95045-1003  
Phone No: 510 524 5533 MESSAGE  
P.O. Box to which notices are to be sent: SAME AS ABOVE
2. Occurrence: Pitted WINDSHIELD  
Date: AUG/SEPT 2000 Place: HWY 17 - SANTA CRUZ COUNTY  
Circumstances of occurrence or transaction giving rise to claim: WAS DRIVING ON HWY 17 IN LATE AUGUST / EARLY SEPTEMBER WHEN IT WAS BEING RESURFACED; I WAS BEHIND ONE OF THE TRUCKS WORKING ON THE PROJECT WHEN IT VEERED CLOSE TO THE MEDIAN, SPRAYING MY PICKUP WITH GRAVEL
4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:  
MY WINDSHIELD WAS PITTED TO THE EXTENT THAT WHEN THE SUN IS GLARING, I CANNOT SEE.
5. Name(s) of public employee(s) causing injury, damage or loss, if known: UNKNOWN
6. Amount claimed now.....S 573.25  
Estimated amount of future loss, if known .....S \_\_\_\_\_  
TOTAL S. 573.25
7. Basis for above computations: CALLED SANTA CRUZ NISSAN FOR ESTIMATE
8. If the amount claimed is over \$10,000, indicate the court of jurisdiction:

\_\_\_\_\_ Municipal Court \_\_\_\_\_ Superior Court

CLAIMANT'S SIGNATURE: Herschel P Dogier 1-5-2001

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).

