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County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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Assistants

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> PER5107 wp Rev 9/2000

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Pamela Fyfe Kim Baskett Lee Gulliver Kathleen Pacheco

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

				Agenda	March	20, 200)1	
To:	Board	of Supervisors						
Re:	Claim	ofGarrett Zwart	, No. 001-08	7				
Origi	nal docu	ment and associated mat	erials are on fi	ile at the Cl	erk to the	e Board o	of Supervisors.	
In re	gard to th	ne above-referenced clair	n, this is to rec	commend th	at the Bo	ard take	the following	action:
X	_1.	Reject the claim of Go	arrett Zwart	, No. 001	-087		and refer to	County
	_2.	Deny the application to	file a late cla	im on beha	lf of			
	_3.	and refer to County Co Grant the application to		im on behal	If of			
	_4.	and refer to County Co Approve the claim. of					in the an	nount o
	_5.	Reject the claim of to County Counsel.	and reject the	balance, if	any, and	refer to (1.
cc:		lich, Director ment of Public Works	3	COUNTY	nten	YKin) EL	best 0	

001-087

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

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1,503	SCHOOL SOUND	THE BOY SORTS SUPERVISORS SUPERVISORS OF SUNIA CRUZ	20/
16	10°22"	- 1	\$ ⁷ /
	1.5050	12 M. E.	/

1.	Claimant's Name: CARRETT ZWART
	Address: 303 RIO DEL IVIAC BLUD.
	APTOS; CA. 45003
	Phone No: (831) 688-7016
	P.O. Box to which notices are to be sent: P.O. Box 554 APTOS, CA. 95001
2.	Occurrence: LAND SLIPPAGE FROM IMPROPER COURTY REPAIR / EXCAVATION
	Date: 2/15/00 - 3/15/00 Place: 77.5 TROUT GUEET, APIDS, CA.
3.	Circumstances of occurrence or transaction giving rise to claim: The County of Santacour & Thur
	SUB CONTRACTORS TEAPRIDES A VERTICAL BANK WIA PAGAINING LUALL
	THE PAINS LAST SPEING HAVE ALLDWAD THE BANK TO SLIDE
	INTO MOUT BUICH ROAD DYE TO IMPROPER CONSTRUCTION OF WALL. PURK
4.	General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
	I AM LOOSING PROPERTY (DIRT) DUE TO POORLY CONSTANCTED
	BUT. WALL, WAS NOT KEYED INTO PANK PREPERLY & COMPRETED.
•	Confidence used import that BACKFILL FOR MATERIAL.
5.	Name(s) of public employee(s) causing injury, damage or loss, if known:
	County of spath CAUZ.
6.	Amount claimed now
	Estimated amount of future loss, if known
	Basis for above computations. TOTAL S + 1900 / UNICOUN AT
7.	Basis for above computations:
8.	If the amount claimed is over \$10,000, indicate the court of jurisdiction:
	Municipal Court Superior Court Superior Court
	CLAIMANT'S SIGNATURE:
Note:	Claim must be presented to Clerk, Board of Supervisors, within six (6) months after the act which occasioned the injury.
INOIC:	Ciann must be presented to Cierk, Doard of Supervisors, within six (0) months after the act which occasioned the injury.

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).