



County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda April 24, 2001

To: Board of Supervisors

Re: Claim of Kathryn E. Shaw, No. 001-094, Amended

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 Kathryn E. Shaw, No. 001-094, Amended 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

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

By Kim Elizabeth Baskett

HAND

DELIVERED

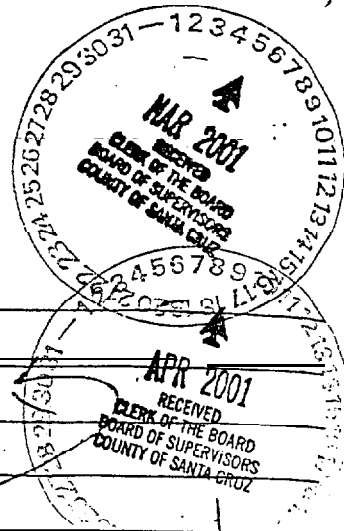
DELIVERED

05.05.01

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 0014

001-094
AMENDED



1. Claimant's Name: Kathryn E. Shaw

Address: PO BOX 1672
APTOS CA 95001

Phone No: 831 252 1652

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

2. Occurrence: 01-05-01 - man handling

Date: 01-05-01 Place: Rancho del Mar Shopping Center - Aptos - CA 95003

Circumstances of occurrence or transaction giving rise to claim: unclear

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: medical bills, emotional stress
physical rehab, still mounting

5. Name(s) of public employee(s) causing injury, damage or loss, if known: Santa Cruz
County Sheriff Department

6. Amount claimed now: pending
Estimated amount of future loss, if known: five

7. Basis for above computations: Still receiving medical
emotional treatment

8. If the amount claimed is over \$ 10,000, indicate the court of jurisdiction:
Municipal Court Santa Cruz Superior Court

CLAIMANT'S SIGNATURE: Kathryn Shaw

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).

Events of 1.25.01 (eve.)

after having been slogged for ⁰⁰¹⁵ no
apparent reason by a complete
stranger in front of rio del mar
cfe in aptos — i was waiting in
my locked truck for medical
attention.

Since being a victim of domestic
assault on 10.31.99 i am still
afraid of loud, aggressive, men.

my truck was surrounded by
such men who broke both windows
in my truck — drug me outside
severely injured me and took
me to jail — where i was denied
medical attention for my bleed-
ing, injured body.

— these were our santa cruz
County Sheriffs.
cc: Chris Lendis, esq.
cc: Jerry Brown

L. Shaw **12**
4.8.01