

County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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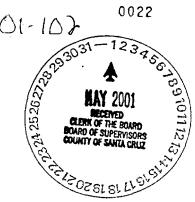
GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

			Agenda June 12, 2001
To:	Board	-of Supervisors	
Re:	Claim	Tom & Iriss Ferr, No.	001-102
Orig	ginal docu	ament and associated materials are	e on file at the Clerk to the Board of Supervisors.
In re	egard to t	he above-referenced claim, this is	to recommend that the Board take the following action:
X	<u> </u>	Reject the claim of Tom & Ir:	iss Ferr, No. 001-102 and refer to County
	2.		ate claim on behalf of
	3.	Grant the application to file a l	ate claim on behalf of
	4.	and refer to County Counsel.	in the amount of
	- -		in the amount of ect the balance, if any, and refer to County Counsel.
	5.	Reject the claim of to County Counsel.	as insufficiently filed and refer
			RISK MANAGEMENT
cc:	Tom Bolich, Director Department of Public Works		By Janet McKinley
			COUNTY COUNSEL
	5107 wp · 9/2000		By Sim Elizabet L BOG

CLAIM AGAINST THE COUNTY OF SANTA CRUZ (Pursuant to Section 9 10 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



1.	Claimant's Name: TOM & IRISS F ERR
	Address: 2010 QUAIL HOLLOW ROAD
	BEN LOMOND CA 95005
	Phone No:831-336-8047
	P.O. Box to which notices are to be sent: PO BOX IUZ BEN LOMONY CA 95005
2.	Occurrence: 2 ft deep hole agress of inder Quail Hollow Rd. Ditch water going inderneath Date: WK Of 2-19-2-25-01 Place: 2010 QUAIL HOLLOW RD BEN LOMOND CA 95000
3.	Circumstances of occurrence or transaction giving rise to claim: Difeh water going Indental road due
	to multiple gapher digging and timelling. Some problem and most last writer work
	temporery fix of cool mix rolled with a bobtail by Riblic works supt. no permanent
	solution has addressed from provious problems last year.
4.	General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
	River of mud/sonk this arguparty, this landscoping, flooding garage, drivering, blocking
	drainage pipes and flooding countyard area and around foundation. Inningre pipes
	one full of mud/sand that cannot be cleared out. mud/sand had to be shoused and
5.	havied away. Hysbord vile a whelchair for mobility. Name(s) of public/employee(s) causing injury, damage or loss, if known:
٥.	Name(s) of public employee(s) causing injury, damage of loss, if known:
6.	Amountclaimednow
	Estimated amount of future loss, if known
	TOTAL \$ 3 TOO - DO
7.	Basis for above computations: Sel a Hacked estimates
8.	If the amount claimed is over \$10,000, indicate the court of jurisdiction:
	Municipal CourtSuperior Court
	CLAIMANT'S SIGNATURE: Miss Stro 5-1-01

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).