



# County of Santa Cruz

## OFFICE OF THE COUNTY COUNSEL

701 OCEAN STREET, SUITE 505, SANTA CRUZ, CA 960604068  
(831) 464-2040 FAX: (831) 464-2116

**SAMUEL TORRES, JR., COUNTY COUNSEL**

CHIEF ASSISTANTS  
RAHN GARCIA  
DANA McRAE

Assistants	
Deborah Steen	Kim Baskett
Harry A. Oberhelman III	Julia Hill
Marie Costa	Shannon Sullivan
Jane M. Scott	Sharon Carey-Stronck
Tamyra Rice	Dwight L. Herr
Pamela Fyfe	

## GOVERNMENT TORT CLAIM

### RECOMMENDED ACTION

Agenda September 11, 2001

To: Board of Supervisors

Re: Claim of Diana Munz, No. 102-012

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 Diana Munz, No. 102-012 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: Barry Samuel, Director, POSCS

### RISK MANAGEMENT

By Janet McKinley  
Janet McKinley, ARM, Risk Manager

### SAMUEL TORRES, JR., COUNTY COUNSEL

By Kim Elizabeth Baskett  
Kim Elizabeth Baskett, Assistant County Counsel

102012

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

0022

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: Diana Muna  
Address: 9502 East Zvante Road  
Felton, CA 95018  
Phone No:                     1                    

P.O. Box to which notices are to be sent: Law Offices of H. K. Graham 518 Ocean St. #C,  
Santa Cruz, CA 95060

2. Occurrence: Slip & Fall at Felto Covered Bridge

Date: February 11, 2001, Place: Felton Covered Bridge

3. Circumstances of occurrence or transaction giving rise to claim: Walking on sloping bridge and slippe  
and fell, fracturing my left humerus, (upper arm),  
and damaging the rotator cuff.

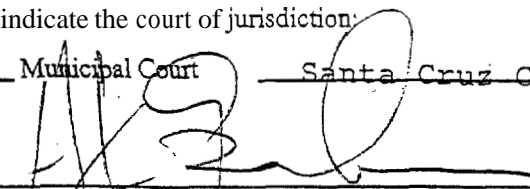
4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:  
I have medical bills of approximately \$2,500.00 and a wage  
loss of approximately six weeks totally \$6,000.00  
57,000.00.

5. Name(s) of public employee(s) causing injury, damage or loss, if known:                     M                    

6. Amount claimed now .....\$ \$30,000.00  
Estimated amount of future loss, if known ..\$ unknown  
TOTAL \$ \$30,000.00 +

7. Basis for above computations: We are uncertain what the future rotator cuff problem  
will cost medically and it's effect on' use of arm.

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

CLAIMANT'S SIGNATURE:   
H. K. Graham, Attorney for Diana Muna

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 (TDD454-2123).

PER5003

1103-01

LAW OFFICES OF  
**HOWARD KIM GRAHAM**  
518 OCEAN STREET, SUITE C  
SANTA CRUZ, CALIFORNIA 95060  
(831) 457-2733  
FAX (831) 426-0419

0023

1625 THE ALAMEDA, SUITE 624  
SAN JOSE, CALIFORNIA 95126  
(408) 999-0228

PLEASE RESPOND TO  
SANTA CRUZ OFFICE

August 2, 2001

County of Santa Cruz  
Attn: Board of Supervisors  
701 Ocean Street  
Santa Cruz, CA 95060



**Re: Our Client: Diana Munz**  
**Date of Loss: February 11, 2001**

Dear Mr. Samuel:

Please be advised this office has been retained to represent Diana Munz with respect to injuries sustained by our client in a fall on the above date at the Felton Covered Bridge, a county park facility.

Please file this and return the enclosed copy date stamped in the enclosed envelope. Please direct all future communications to this office.

Sincerely,

H. K. GRAHAM

HKG/jc  
Enclosure  
c:kimlet\defenrep