

**CHIEF ASSISTANTS** 

**RAHN GARCIA** 

DANA McRAE

# **County of Santa Cruz**

#### OFFICE OF THE COUNTY COUNSEL

701 OCEAN STREET, SUITE **505**, SANTA CRUZ, CA **95060-4068** (831) 464-2040 FAX: (831) **454-2115** 

**Assistants** 

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Kim Baskett
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Shannon Sullivan
Sharon Carey-Stronck
Dwight L. Herr

### **GOVERNMENT TORT CLAIM**

#### RECOMMENDED ACTION

		Agenda_Se	ptember 11, 2001
To: Board o	of Supervisors		
Re: Claim	of <u>Joanne M</u>	leyer, No. 102-017	
Original doo	cument and associated mate	rials 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 tak	ke the following action:
<u>x</u> 1.	Reject the claim of	anne Meyer,-No. 102-017	and refer to County
2.	Deny the application to and refer to County Cou	file a late claim on behalf ofnsel.	
3.	Grant the application to and refer to County Cou	file a late claim on behalf of	
4.	Approve the claim of	ect the balance, if any, and refer to Coun	in the amount of
5.			
	olich, Director, ment of Public Works	RISK MANAGEMENT	
		By_Janet McKinley, ARM, Ris	sk Manager
		SAMUEL TORRES, JR., COUN	NTY COUNSEL
		By Stin Elinable	th Raskett

PER5107 Word Rev 6/2001

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Meyer

# 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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1508	Canula .	R. Viledo

1.	Claimant's Name: JOANNE MCUCA	
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	Address: XY) Laural Gyen WX Soul of Con 95073	
	Phone No: 8214 41-2-9117	
	P.O. Box to which notices are to be sent:	
2.	occurrence: 2 tires destroyed in pot holes	
	Date: 21 + 3/75/0/Place: Lowel 6/en Rd between 841 + 0/d	
3.	Circumstances of occurrence or transaction giving rise to claim:	
	Driving to work 60 Sat 2/24 and driving	
	home from work Sun 832 2/25: 5 truck	
	not halon	
4		
4.	General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:	
	Tire and rim damage 12 tires + 2	
5.	Name(s) of public employee(s) causing injury, damage or loss, if known:	
6	Estimated amount of future loss, if known	22
	Estimated amount of future loss, if known	
	TOTAL \$ 165	
7.	Basis for above computations: Bill from CTW in Soquel	
	(malistator Tive WAMPhonists	
8.	If the amount claimed <b>is</b> over \$10,000, indicate the court of jurisdiction:	
	Municipal CourtSuperior Court	
	CLAIMANT'S SIGNATURE: Whye Muye	
	CEAUTAIN S SIGNATURE.	

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).

2/8-10-01

PER5003

### CONSOLIDATED TIRE WAREHOUSE

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## CONSOLIDATED TIRE WAREHOUSE

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JOANNE MEYER
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