



County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda October 2, 2001

To: Board of Supervisors

Re: Claim of Chris Wortman, No. 102-023, 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:

- 1. Reject the claim of Chris Wortman, No. 102-023, 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: Tom Bolich, Director
Department of Public Works

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

Amended

102023,
AMENDED

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



1. Claimant's Name: Chris Wortman
Address: 906 CORCORAN AVE
Santa Cruz, CA 95062
Phone No: 479-7853

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

2. Occurrence: Loss of Water due to damaged Pipe
Date: AUG-3-01 Place: 906 CORCORAN AVE S Cruz

3. Circumstances of occurrence or transaction giving rise to claim: County placed street sign on my property damaging my water pipe causing a leak, which went undetected until water company notified us of excessive use creating a huge water bill

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: \$354⁰⁰ in excess water use/loss
Repairs were done by county of Santa Cruz
public works

5. Name(s) of public employee(s) causing injury, damage or loss, if known: Not known

6. Amount claimed now \$354⁰⁰
Estimated amount of future loss, if known..... Not anticipated
TOTAL \$ \$354⁰⁰

7. Basis for above computations: Bill from Santa Cruz municipal
utilities

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

CLAIMANT'S SIGNATURE: Chris Wortman

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).