



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 Jade Catalano, No. 102-025

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 Jade Catalano, No. 102-025 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, A R M , Risk Manager

SAMUEL TORRES, JR., COUNTY COUNSEL

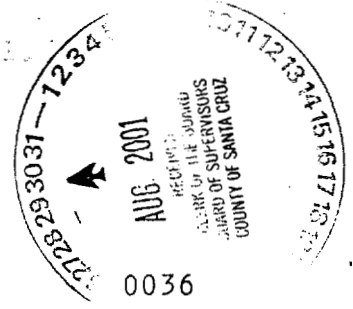
By Kim Elizabeth Baskett
Kim Elizabeth Baskett, Assistant County Counsel

CATALANO

102025

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: Jade Catalano
Address: 217 Sunridge Drive
Scotts Valley Ca 95066
Phone No: 439-9699

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

2. Occurrence: My car was damaged due to wood debris / log on Road
Date: Aug-16-2001 Place: Ice cream grade Road Bonney Dam, Ca

3. Circumstances of occurrence or transaction giving rise to claim: _____
— See attachment —

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: _____
— See attachment —

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

6. Amount claimed now \$ 2095.22
Estimated amount of future loss, if known \$ _____
TOTAL \$ 2095.22

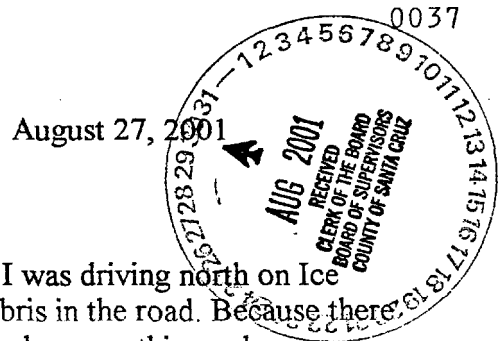
7. Basis for above computations: — See attachment —

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

CLAIMANT'S SIGNATURE: Jade Catalano

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).

14
2/8-30-01



To whom it may concern:

On Tuesday August 16th at approximately 3:30 pm I was driving north on Ice Cream Grade Road and came upon a large area of wood debris in the road. Because there was another vehicle coming in the opposite direction and the lanes on this road are very narrow I was unable to swerve around the debris. I ultimately drove through this debris, which caused my rear end to fishtail into a large log, which was partly protruding onto the road.

The impact into this log was forceful enough to disable my car and cause substantial damage. Four motorists stopped to assist me and one of them volunteered that they frequently travel this road and have to swerve around into the other lane in order to get by this debris and log.

At the time of the accident the roads were dry and I was only driving 15-20 mph.

The following morning I called County Maintenance at 424-2240 and asked if Ice Cream Grade was a county road. The woman who answered informed me that it was. I told her I would like to file a claim because I was in an accident due to wood debris and a log in the road that caused extensive damage to my car. She asked me the exact location of the debris and after I told her she informed me that she could not help me and I would have to call Risk Management at 477-3999.

The County Maintenance went out after receiving my phone call and cleaned up the debris, the part of the log protruding on to the road and put up the hazard marker (pictured). These photographs were taken in the late afternoon on the 17th which was following the clean up and placement of the hazard marker.

It is the Counties responsibility to keep the roads maintained and would appreciate your serious consideration in this matter and will look forward to your prompt response.

Sincerely,

Jade Catalano

Date: 8/20/01 12:27 PM
 Estimate I D 314
 Estimate Version: 0
 Preliminary 0038
 Profile I D MIREL'S

Mirels Body Shop

4860 B Scotts Valley Dr. Scotts Valley, CA 95066-4207
 (831) 438-3388
 Fax: (831) 438-5841
 BAR #: AEO78851

IN SCOTTS VALLEY SINCE 1968



Damage Assessed By: Ken Costa

Deductible: UNKNOWN

Owner: JADE CATALANO

Mitchell Service: 917367

Description: 1993 Volkswagen Jetta III GL
 Body Style: 4D Sed
 VIN: 3VWRL21H2PM031379

Drive Train: 2.0L Inj 4 Cyl 5M
 License: 4BYT770 CA

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	700641	BDY	REMOVE/REPLACE	WHEEL	1H0 601 025 N 091	101.95	0.3
2	700641	BDY	REMOVE/REPLACE	WHEEL	1H0 601 025 N 091	101.95	0.3
3	900500	MCR'	REMOVE/REPLACE	RIGHT FRONT TIRE	New	125.00*	0.4'
4	900500	MCH*	REMOVE/REPLACE	RIGHT REAR TIRE	New	125.00*	0.4*
5	708060	BDY	REMOVE/REPLACE	WHEEL CENTER CAP	1HM 601 147 V7L	56.85	
6	708060	BDY	REMOVE/REPLACE	WHEEL CENTER CAP	1HM 601 147 V7L	56.85	
7	700528	MCH	REMOVE/REPLACE	BLEED ABS SYSTEM			0.4
8	735250	MCH	REMOVE/REPLACE	R REAR SUSP STUB AXLE	333 501 118	144.80	INC #
9	702157	MCH	REMOVE/REPLACE	R REAR SUSP SHOCK ABSORBER	1HM 513 031 E	49.95	0.3 #
10	900500	FRM*	REMOVE/REPLACE	FOUR WHEEL ALIGNMENT	Sublet	85.00*	0.0*
11	900500	FRM'	REPAIR	RIGHT FLOOR -AXLE MOUNT AREA	Existing		1.0*
12	701096	MCH	REMOVE/REPLACE	REAR SUSP AXLE BEAM	1H0 500 051 S	571.00	4.9 #
13	735880	MCH	REMOVE/REPLACE	R REAR SUSP BEAM BRACKET	1H0 501 544	63.05	INC #

* -Judgement Item
 # - Labor Note Applies

ESTIMATE RECALL NUMBER 8/20/01 11:12:45 314

Mitchell Data Version:
 UltraMate Version:

AUG_01_A
 4.7.007

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I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals
Body	0.6	56.00	0.00	0.00	33.60
Frame	1.0	56.00	0.00	0.00	56.00
Mechanical	6.4	65.00	0.00	0.00	416.00
Won-Taxable Labor					505.60
Labor Summary	8.0				505.60

II. Pad Replacement Summary	Amount
Taxable Parts	1,396.40
Sales Tax @ 7.750%	108.22
Non-Taxable Parts	85.00
Total Replacement Parts Amount	1,589.62

III. Additional Costs	Amount
Total Additional Costs	0.00

IV. Adjustments	Amount
Customer Responsibility	0.00
I. Total Labor:	505.60
II. Total Replacement Parts :	1,589.62
III. Total Additional Costs:	0.00
Gross Total:	2,095.22
IV. Total Adjustments:	0.00
Net Total:	2,095.22

This is a preliminary estimate.
Additional chances to the estimate may be required for the actual repair.

WE OFFER A LIFETIME WARRANTY ON ALL WORK TO THE ORIGINAL CUSTOMER.
 NO GUARANTEE ON RUST REPAIR.
 THANK YOU FOR YOUR BUSINESS.
 I HEREBY AUTHORIZE THE ABOVE WORK AND ACKNOWLEDGE RECEIPT OF COPY,
 SIGNED X _____ DATE _____



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