

CHIEF ASSISTANTS

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

		Agenda October 16, 2001
To: Board of	Supervisors	
Re: Claim of	Bill Rogers, No.	102-029
Original docu	ament and associated materials	are on file at the Clerk to the Board of Supervisors.
In regard to the	he above-referenced claim, this	s is to recommend that the Board take the following action:
X		Rogers, No. 102-029
1.	Reject the claim of	and refer to County
	Counsel.	·
2.		a late claim on behalf of
	and refer to County Counsel	
3.		a late claim on behalf of
	and refer to County Counsel	
4.	Approve the claim of	in the amount of ne balance, if any, and refer to County Counsel.
	and reject th	ne balance, if any, and refer to County Counsel.
5.		as insufficiently filed
	and refer to County Counsel	•
cc: Tom	Bolich, Director	RISK MANAGEMENT
	artment of Public Works	
,		By Janet McKinley
		Janet McKinley, ARM, Risk Manager SAMUEL TORRES, JR., COUNTY COUNSEL

PER5107 Word Rev 6/2001

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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 0028

Governmental Center

	701 Ocean Street, Santa Cruz, CA 95060
1.	Claimant's Name: Production of the Company of the C
	Address: 5151 BONDY DOON Rd
	Phone No: 831-427-3088 831-818-7164
	P.O. Box to which notices are to be sent:
2	Occurrence: ROAD CREW CUT POWER Line WITH MOCKER OFF
4.	Date: 8-27-01 Place: SANIE Address (ST.
3.	Circumstances of occurrence or transaction giving rise to claim: CCT NFCTRAL CUINE CIV
	Power Like Mouring 220 OchTS TO Row Through THE HOUS
4	* THEY DIC NOT LEAVE A NOTE INFORMING NIE OF THE DAMAGE
	(HIT & RUN?) THRY Did call PEB, but did NOT Leave & Were
4.	General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
	Mostly Freezy THING THOT CEAS PLAN Alin. Stoce a Refer pepe
	T.V. Computer, Rose Scienced System, I HACE bear Teld by 1
5.	Paran Solices THEY Carl Not guntative Ally Ferring Problems Chaised by THIS. Sance Productors were all Everythins Name(s) of public employee(s) causing injury, damage or loss, if known:
	COCCUTY ROSA MAINTENERS
6.	Amount claimed now
	Estimated amount of future loss, if known
	TOTAL\$
7.	Basis for above computations: HAUE All RECEIPTS
8.	If the amount claimed is over \$10,000 , indicate the court of jurisdiction:
	Municipal Court Superior Court
	. /
	CLAIMANT'S SIGNATURE: <u>(l. selles m. Rojec@/</u>
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 \mathbf{may} be directed to the ADA Coordinator at $\mathbf{454-2962}$ (TDD $\mathbf{454-2123}$).

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