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County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda November 6, 2001

To: Board of Supervisors

Re: Claim of Juan Manuel Gonzalez, M. D., No.102-036

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:

- X 1. Reject the claim of Juan Manuel Gonzalez, M.D., No. 102-036 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: County Fire

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

102-036

GONZALEZ

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

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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 Juan Manuel Gonzalez, MD.

2. Claimant's Address 25000 Mountain 'Charlie' Road, Los Gatos, CA 95033

Claimant's Phone No. 831-438-3129

2. Post Office address to which Notices are to be sent:

N/A

3. Occurrence:

Date: 4-4-01

Place: Mountain Charlie Road, County of Santa Cruz

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: I suffered substantial injuries,

including fractures in my face. I have lost wages, medical bills and pain
and suffering.

5. Name or Names of Public Employee or Employees causing injury, damage or loss,
if known: Christopher Walters

6. Amount claimed now \$ 500,000

Estimated amount of future loss, if known. \$ Unknown

TOTAL. \$ 500,000

7. Basis of above computations Lost wages, medical bills, and general damages.

8. If the amount claimed is over \$10,000 indicate the court of jurisdiction.

 Municipal Court

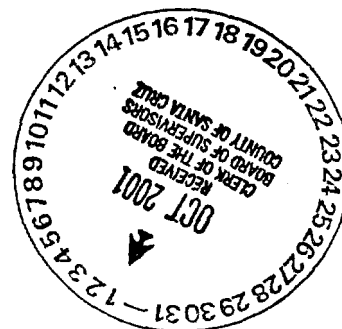
xxxxxx

 Superior Court

Juan M. Gonzalez
CLAIMANT'S SIGNATURE

Note: Claim must be presented to Clerk, Board of Supervisors, within 6 (six)
months after the act which occasioned the injury.

RM11 11/84, Rev. 12/87, Rev. lfo 7/5



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2/10-01-01

ATTACHMENT**3. Bicycle/Fire Department Vehicle Accident**

The accident occurred on Mt. Charlie Road, which is a narrow (12' or less) width, curving mountain road. I was riding my bicycle down a light grade toward a sharp curve. A fire truck, which I was unaware of, was approaching my location. The fire truck came around a blind curve—blocking my side of the roadway. I was unable to avoid a collision. The operator of the fire **truck** (Christopher Walters) failed to sound the horn of the fire truck to warn oncoming vehicles, as required by the California Vehicle Code.

Mt. Charlie Road is a Santa Cruz County Road, which has experienced a substantial increase in traffic due to increased population in the area. The roadway is dangerous due to its configuration and lack of adequate warning to users of the road.

