



# County of Santa Cruz<sup>0037</sup>

## OFFICE OF THE COUNTY COUNSEL

701 OCEAN STREET, SUITE 505, SANTA CRUZ, CA 950604068  
(831)464-2040 FAX: (831)454-2115

SAMUEL TORRES, JR., COUNTY COUNSEL

CHIEF ASSISTANTS  
RAHN GARCIA  
DANA McRAE

### Assistants

Deborah Steen	Kim Baskett
Harry A. Oberhelman III	Julia Hill
Marie Costa	Shannon Sullivan
Jane M. Scott	Sharon Carey-Stronck
Tamyra Rice	Dwight L. Herr
Pamela Fyfe	

## GOVERNMENT TORT CLAIM

### RECOMMENDED ACTION

Agenda November 6, 2001

To: Board of Supervisors

Re: Claim of Adrian Adams, No. 102-0398

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 Adrian Adams, No. 102-039A 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: Mark Tracy, Sheriff-Coroner      **RISK MANAGEMENT**

By Janet McKinley  
Janet McKinley, A R M , Risk Manager

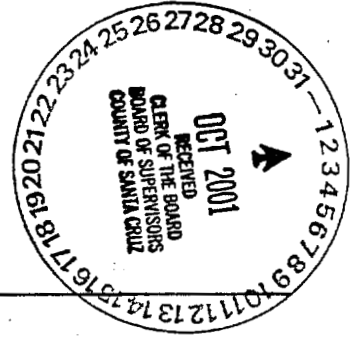
**SAMUEL TORRES, JR., COUNTY COUNSEL**

By Kim Elizabeth Baskett  
Kim Elizabeth Baskett, Assistant County Counsel

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

102-039A

TO: BOARD OF SUPERVISORS 0038  
COUNTY OF SANTA CRUZ  
ATTN: Clerk of the Board  
Governmental Center  
701 Ocean Street, Santa Cruz, CA 95060



1. Claimant's Name: Adrian Adams  
Address: 1810 89 Ave Oakland, CA 94621  
Phone No: 510 636 9163  
P.O. Box to which notices are to be sent: \_\_\_\_\_
2. Occurrence: distuction of private property  
Date: April 6, 2001 Place: 4573 Branciforte Drive Apt 24 Santa Cruz
3. Circumstances of occurrence or transaction giving rise to claim: Sheriff deputies destroyed my property and cause an illegal eviction by their illegal actions and false information and conspired to destroy me and my business
4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: deputies trashed my business/home damaging the door, the refrigerator which cause damage to floor, clothes, walls and furniture/cause of eviction
5. Name(s) of public employee(s) causing injury, damage or loss, if known: deputies Steve Christinson, Jim Hart, Yancez
6. Amount claimed now .....\$ 17,850  
Estimated amount of future loss, if known .....\$ 10,000  
TOTAL \$ 27,850
7. Basis for above computations: \$2,500 for new apt. \$1,850 loss deposit \$3,500 property damage \$10,000 mental suffer
8. If the amount claimed is over \$10,000, indicate the court of jurisdiction:  
\_\_\_\_\_ Municipal Court Santa Cruz \_\_\_\_\_ Superior Court

CLAIMANT'S SIGNATURE: Adrian Adams

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).

PER5003

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2/10-2-01



0039

# County of Santa Cruz

## OFFICE OF THE COUNTY COUNSEL

701 OCEAN STREET, SUITE 606, SANTA CRUZ, CA 95060-4068  
(831) 464-2040 FAX: (831) 464-2116

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## GOVERNMENT TORT CLAIM

### RECOMMENDED ACTION

Agenda November 6, 2001

To: Board of Supervisors

Re: Claim of Adrian Adams, No. 102-039B

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 Adrian Adams, No. 102-039B 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: Mark Tracy, Sheriff-Coroner

### 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

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

0040



1. Claimant's Name: Adrian Adams  
Address: 89 Ave - Oakland, CA 94621  
Phone No: 510 636 9163

P.O. Box to which notices are to be sent: \_\_\_\_\_

2. Occurrence: Sheriff deputy violate my Constitutional and civil rights  
Date: April 6, 2001 Place: 4573 Bransforty drive Apt. 24

3. Circumstances of occurrence or transaction giving rise to claim: Sheriff deputies broke and enter (illegally) without a warrant into my business/home stole several pieces of equipment and conspired to destroy me and my business

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: loss of equipment resulted in disabling business severely (loss of customers, the ability to perform business services and mental suffering)

5. Name(s) of public employee(s) causing injury, damage or loss, if known: Sheriff deputy - Jim Hart, Yanez, S. Christenson

5. Amount claimed now ..... \$ 32,000  
Estimated amount of future loss, if known ..... \$ 30,000

7. Basis for above computations: loss of equipment \$5,000 and customers \$7,000  
violation of rights \$10,000 and mental suffering \$10,000 future loss 30,000

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

CLAIMANT'S SIGNATURE: Adrian Adams

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).

PER5003

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2/10-2-01



# County of Santa Cruz

## OFFICE OF THE COUNTY COUNSEL

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Pamela Fyfe	

## GOVERNMENT TORT CLAIM

### RECOMMENDED ACTION

Agenda November 6, 2001

To: Board of Supervisors

Re: Claim of Adrian Adams, No. 102-039C

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 Adrian Adams, No. 102-039C 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: Mark Tracy, Sheriff-Coroner

### RISK MANAGEMENT

By Janet McKinley  
Janet McKinley, ARM, Risk Manager

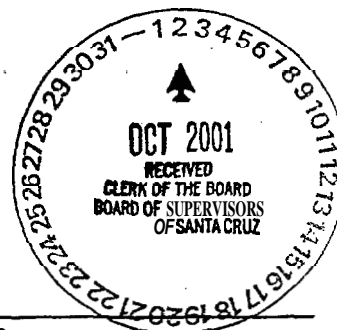
SAMUEL TORRES, JR., COUNTY COUNSEL

By Kim Elizabeth Baskett  
Kim Elizabeth Baskett, Assistant County Counsel

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

102-039C  
TO: BOARD OF SUPERVISORS  
COUNTY OF SANTA CRUZ  
ATTN: Clerk of the Board  
Governmental Center  
701 Ocean Street, Santa Cruz, CA 95060

0042



1. Claimant's Name: Adrian Adams  
Address: 1810 89th Ave Oakland, CA 94621  
Phone No: 510 636 9163  
P.O. Box to which notices are to be sent: \_\_\_\_\_
2. Occurrence: Sheriff deputies stole or destroyed Business records  
Date: April 6, 2001 Place: 4573 Branciforte Drive Santa Cruz Apt 24
3. Circumstances of occurrence or transaction giving rise to claim: Sheriff deputies illegally stole and/or destroyed business and tax records and receipts of business transactions and business purchases
4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: inability to conclude prior business services, taxes and other business functions
5. Name(s) of public employee(s) causing injury, damage or loss, if known: Sheriff deputies Jim Hart, Vanez, S. Christensen
6. Amount claimed now ..... \$ 25,000  
Estimated amount of future loss, if known ..... \$ 10,000  
TOTAL \$ 35,000
7. Basis for above computations: \$10,000 to retain a tax lawyer \$5,000 to conclude prior business services \$10,000 mental suffering \$10,000 future loss
8. If the amount claimed is over \$10,000, indicate the court of jurisdiction:  
\_\_\_\_\_ Municipal Court Santa Cruz \_\_\_\_\_ Superior Court

CLAIMANT'S SIGNATURE: Adrian Adams

**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).

PER5003

2/10-2-01



# County of Santa Cruz

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Marie Costa	Shannon Sullivan
Jane M. Scott	Sharon Carey Stronck
Tamyra Rice	Dwight L. Herr
Pamela Fyfe	

## GOVERNMENT TORT CLAIM

### RECOMMENDED ACTION

Agenda November 6, 2001

To: Board of Supervisors

Re: Claim of Adrian Adams, No. 102-039D

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 Adrian Adams, No. 102-039D 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: Mark Tracy, Sheriff-Coroner

### RISK MANAGEMENT

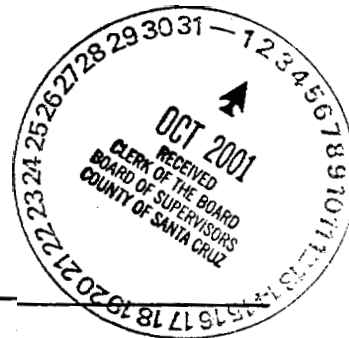
By Janet McKinley  
Janet McKinley, ARM, Risk Manager

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Kim Elizabeth Baskett, Assistant County Counsel

**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: Adrian Adams  
Address: 1810 89are Oakland, CA 94621  
Phone No: 510 6369163  
P.O. Box to which notices are to be sent: \_\_\_\_\_
2. Occurrence: distruction of business supplies  
Date: April 6-2001 Place: 4573 Branciforte Drive Apt 24 Santa Cruz
3. Circumstances of occurrence or transaction giving rise to claim: deputies destroyed business supplies (paper, photo glossy paper, clear laminate sheet, hollongram sheet, clear transparency sheet, CDs blank, printer inks, pens, pencils, paper clips, staples and etc.
4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: inability to print photos, documents, designs, burn CDs, store ~~refutation~~ information, file info, manage business
5. Name(s) of public employee(s) causing injury, damage or loss, if known: Sheriff deputies Jim Hart, Steve Christinon, Vanez
6. Amount claimed now .....\$ 16,000  
Estimated amount of future loss, if known .....\$ 10,000  
TOTAL \$ 26,000
7. Basis for above computations: \$1,000 supplies, business \$5,000 losses  
\$10,000 future \$10,000 mental stress
8. If the amount claimed is over \$10,000, indicate the court of jurisdiction:

CLAIMANT'S SIGNATURE: \_\_\_\_\_

Santa Cruz

Superior Court

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).

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