

County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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

Assistants

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Pamela Fyfe

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Shannon Sullivan
Sharon Carey-Stronck
Dwight L Herr

SAMUEL TORRES, JR., COUNTY COUNSEL

CHIEF ASSISTANTS RAHN GARCIA DANA McRAE

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

		Agenda Novem	ber 6, 2001
To: Board of	Supervisors		
Re: Claim of	Adrian Adams, No.	102-0398	
Original docu	ment and associated materials	s are on file at the Clerk to the Board of	Supervisors.
In regard to the	ne above-referenced claim, thi	s is to recommend that the Board take t	he following action:
X_1.		n Adams, No. 102-039A	and refer to County
2.	Counsel. Deny the application to file and refer to County Counsel		
3.	Grant the application to file	e a late claim on behalf of	
4.	and refer to County Counsel Approve the claim of	he balance, if any, and refer to County	in the amount of
5.			as insufficiently filed
cc: Mark	Tracy, Sheriff-Coroner	RISK MANAGEMENT	
		By Janet McKinley, ARM, Risk	Manager
		SAMUEL TORRES, JR., COUNT	Y COUNSEL
		By Sim Elizabeth Baskett, Assis	tant County Counsel

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

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

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'1.	Claimant's Name: Adrian Adams Oakland (494621 STELZILLOIS)
	Address: 1810 89 are Oakland (494621
	Phone No: 510 636 9163
****	P.O. Box to which notices are to be sent:
2.	Occurrence: distuction of private property
#194 #	Date: April 6,2001 Place: 45 73 Branciforte Dive Apt 24 South Cruz
3.	Circumstances of occurrence or transaction giving rise to claim: Sheriff deputies distoryed
	my property and cause an the illegal evection
	by their illegal actions and Palse information
	and conspired to distroy me and my business
4.	General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
	deputies the trashed my business/home
	damageing the door the refrigerater which caux
	damage to floor, clothes, walls and furniture/causeration
5.	Name(s) of public employee(s) causing injury, damage or loss, if known: depoties
	Steve Christinson, Jim Hart, Vaner
6.	Amount claimed nows_17850
	Estimated amount of future loss, if known
	TOTAL \$ 27 2 50
7.	Basis for above computations 2500 for new apt. \$1850 loss deposit
	\$3,500 property dange \$ 10,000 mental sufer HOFurture
8.	If the amount claimed is over \$10,000, indicate the court of jurisdiction:
	Municipal Court Sunta CVUC Superior Court
	adring admin
	CLAIMANT'S SIGNATURE: Wolfer Over Chairmant's Signature:

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

RAHN GARCIA

DANA McRAE

SAMUEL TORRES, JR., COUNTY COUNSEL

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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Shannon
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Kim Baskett Julia Hill Shannon Sullivan Sharon CareyStronck Dwight L. Herr

Pamela Fyfe GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

									Agenda	a	Novemb	er 6,	20	001
То:	Board o	f Super	visors											
Re:	Claim o	ofA	drian	Adams	, No.	102-039	9B							
Ori	ginal doc	ument a	nd asso	ciated	materia	ls are o	n file at	the Clei	k to the E	Boar	d of Sup	pervis	ors.	
In r	egard to	the abov	e-refer	enced o	claim, th	is is to	recomm	end tha	t the Boar	rd ta	ake the f	ollow	ing	action:
	<u>X</u> 1.	Rejec Coun	t the cl sel.	aim of	Adria	ın Adar	ms, No.	102-0	39B			and r	efer	r to County
	2.						e claim	on beh	alf of					
	3.	Gran	the ap	plicati	Counse on to fi Counse	le a lat	e claim	on beh	alf of					
	4.		. 1	1.	C							in	the	amount of
	5.		t the cl	aim of					l refer to (nsel. Is insu	ffic	ciently filed
cc:	Mark	Tracy,	Sheri	ff-Coi	roner	RIS	K MAN	AGEN	IENT					
	,					By_	Ja	net	M4	Ки	Mey	/		
							Jane	t McKir	iley, ARN	Л, R	Lisk Mar	ager		
						SAI	MUEL	FORRE	ES, JR., C	COU	J NTY C	OUN	SE	L
						By_	Kim	ή <u>ξ</u> Elizabe	eth Basket	<i>bl</i> tt, A	LA	DAS Coun	5 <u>/</u> .ty(The Counsel

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אווי אוטו CLAIM AGAINST THE COUNTY OF SANTA CRUZ (pursuant to Section 910 et Seq., Govt. Code) TO: BOARD OF SUPERVISOR COUNTY OF SANTA CRUZ 0040 ATTN: Clerk of the Board Governmental Center 701 Ocean Street, Santa Cruz, CA 95060 Claimant's Name: 1. Address: • 636 Phone No: P.O. Box to which notices are to be sent: 2. Place: Circumstances of occurrence or transaction giving rise to claim: 3. bus'ine General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: 4. costumers and 5. Name(s) of public employee(s) causing injury, damage or loss, if known: 5. 32,000 Amount claimed now. 30,000 Estimated amount of future loss, if known

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

Municipal Court

Superior Court

CLAIMANT'S SIGNATURE:

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).

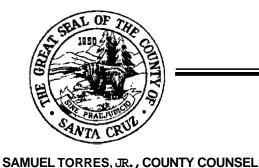
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7.

8.

Basis for above computations:



County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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Dwight L

Kim Baskett Julia Hill Shannon Sullivan Sharon CareyStronck Dwight L. Herr

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

			Agenda November 6, 2001
То:	Board of	Supervisors	
Re:	Claim of	Adrian Adams, No. 102	-039C
Ori	ginal docu	ment and associated materials	are on file at the Clerk to the Board of Supervisors.
In r	egard to tl	ne above-referenced claim, thi	s is to recommend that the Board take the following action:
X	1.	Reject the claim ofAdri Counsel.	an Adams, No. 102-039C and refer to County
	2.	Deny the application to file and refer to County Counsel	e a late claim on behalf of
	3.		e a late claim on behalf of
	4.	Approve the claim of	in the amount of he balance, if any, and refer to County Counsel.
-	5.	Reject the claim of and refer to County Counse.	as insufficiently filed
ce	: Mark	Tracy, Sheriff-Coroner	RISK MANAGEMENT
			By Janet McKinley, ARM, Risk Manager
			SAMUEL TORRES, JR., COUNTY COUNSEL
			By Elizabeth Baskett, Assistant County Counsel

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CLAIM AGAINST THE COUNTY OF SANTA CRUZ

(Pursuant to Section 910 et Seq., Govt. Code)

102-0396

TO: BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ
ATTN: Clerk of the Board

0042

Governmental Center 701 Ocean Street, Santa Cruz, CA 95060

Claimant's Name: Adrian Adams
Address: [810 89 and Oakland, A94621
Address. (VIV)
Phone No: 510 636 9163
P.O. Box to which notices are to be sent:
Occurrence: Sheriff departues stole or distoryed Business recon
Date: April 6,2001 Place: 4573 Pranciforte Drive SouthCruz Apt 2
Circumstances of occurrence or transaction giving rise to claim: Sheriff deputies illegally
stole and/or distorved business and tax records
and receipts of business transactions and
business purchases
General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
unability to conclude prior business services,
taxes and other business fuctions
Name(s) of public employee(s) causing injury, damage or loss, if known: Sheriff deputies
Jim Hart, Vanez, S. Christonson
Amount claimed now \$ 25,000
Estimated amount of future loss, #known
TOTAL \$ 35,000
Basis for above computations: \$ 10,000 to retain a taxes Langer \$ 5,000
to me conclude prior business services \$10,000 mental sufering \$10,000 fut
If the amount claimed is over \$10,000, indicate the court of jurisdiction:
Municipal Court Superior Court
CLANANTES CICNATURE OFFICE OF ONE
CLAIMANT'S SIGNATURE: UV Won USON

'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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SAMUEL TORRES, JR., COUNTY COUNSEL

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Kim Elizabeth Baskett, Assistant County Counsel

Shannon Sullivan **Sharon CareyStronck** Dwight L. Herr

Kim Baskett

CHIEF ASSISTANTS RAHN GARCIA DANA McRAE

Jane M. Scott Tamyra Rice Pamela Fyfe

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

		Agenda Novem	iber 6, 2001
To: Board o	of Supervisors		
Re: Claim o	of <u>Adrian Adams, No.</u>	102-039D	
Original doc	cument and associated materials	s are on file at the Clerk to the Board of	Supervisors.
In regard to	the above-referenced claim, th	is is to recommend that the Board take th	ne following action:
X1.	Reject the claim of Adria Counsel.	n Adams, No. 102-039D	and refer to County
2.	Deny the application to fill and refer to County Counse	e a late claim on behalf ofel.	
3.	Grant the application to fil and refer to County Counse	le a late claim on behalf of	
4.	Approve the claim of		in the amount of
	and reject	the balance, if any, and refer to County C	Counsel.
5.	Reject the claim of and refer to County Counse	el.	_ as insufficiently filed
cc: Mark	Tracy, Sheriff-Coroner	RISK MANAGEMENT	
		By Janet McKinley, ARM, Risk I	Manager
		SAMUEL TORRES, JR., COUNT	Y COUNSEL
		- Aluna Call III	Prochad 1

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

102-039D

TO: BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ
ATTN: Clerk of the Board

ATTN: Clerk of the Board Governmental Center 701 Ocean Street, Santa Cruz, CA 95060

		A Way on
1.		Claimant's Name: Alvian Klams
		Address: 1810 89 are askand CA 94621
		Phone No: 50 6369163
		P.O. Box to which notices are to be sent:
2.		Occurrence: distruction of business supplies
	•	Date: April 6-2001 Place: 4573 Branciforte Dritte At 24 Sunt Cruz
3.		Circumstances of occurrence or transaction giving rise to claim: deputies distroyed
		business supplies L paper photo glossy poper
	•	clear lamonate sheet, hollowgram sheet clear transparacy sheet,
		CDa blank, printer inks, pens, pencils, paper clips, stapes 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 to Strange information file info,
		manage business
5.		Name(s) of public employee(s) causing injury, damage or loss, if known: Shevit deputies
		Jim Hart Steve Christinson, Vanez
6.		Amount claimed now \$ 14,000
		Estimated amount of future loss, if known
		TOTAL \$ 26,000
7.		Basis for above computations: \$ 1,000 supplies business \$5,000 losses
	#	10.00 future \$10.000 mental stress
8.	·	If the amount claimed is over \$10,000, indicate the court of jurisdiction:
		Sonta Cruz
		$AA \sim A$
		CLAIMANT'S SIGNATURE: Whan Walance

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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