



County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda January 29, 2002

To: Board of Supervisors

Re: Claim of Michelle D. King, No. 102-062

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 Michelle D. King, No. 102-062 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, Risk Manager

DANA McRAE, COUNTY COUNSEL

By Kim Elizabeth Baskett
Kim Elizabeth Baskett, Assistant County Counsel

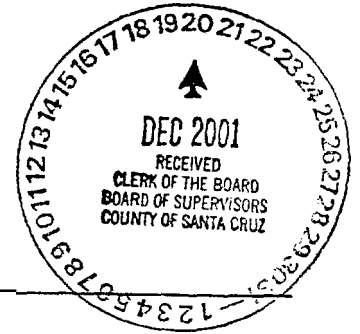
102-068

KING

0028

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: MICHELLE D. KING
Address: 1733 GREY SEAL ROAD
Santa Cruz, CA 95062
Phone No: (831) 465-1226

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

2. Occurrence: Both front tires of van damaged by metal plate in road.
Date: 9/08/01 Place: Capitola Road, between 17th and Begonia Gardens

3. Circumstances of occurrence or transaction giving rise to claim: Drove over metal plate in road - metal plate was part of construction - both front tires popped by plate. occurring on Capitola Road.
Car towed to Sears and both front tires were damaged beyond repair and replaced.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
Paid to have both tires replaced, balanced etc.

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

6. Amount claimed now \$ 236.83
Estimated amount of future loss, if known..... \$ 0
TOTAL \$ 236.83

7. Basis for above computations: _____
See attached invoice for tires at Sears.

8. 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 354-2123).

10

2/R-21-01