



# County of Santa Cruz

0039

## OFFICE OF THE COUNTY COUNSEL

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

DANA McRAE, COUNTY COUNSEL

CHIEF ASSISTANT  
RAHN GARCIA

	<b>Assistants</b>		
Deborah Steen	Pamela Fyfe		Sharon Carey- Stronck
Harry A. Oberhelman III	Kim Elizabeth Baskett		Margaret M. Burks
Marie Costa	Julia Hill		David Kendig
Jane M. Scott	Dwight L. Herr		Miriam L. Stompler
Taryna Rice	Shannon Sullivan		Ligi Coleen Yee

## GOVERNMENT TORT CLAIM

### RECOMMENDED ACTION

Agenda January 29, 2002

To: Board of Supervisors

Re: Claim of Jennie Klein, No. 102-066

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 Jennie Klein, No. 102-066 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  
Not County Jurisdiction

### RISK MANAGEMENT

By Janet McKinley  
Janet McKinley, Risk Manager

DANA McRAE, 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)

Klein 102-066

0040

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: Jennie Klein  
Address: 697 Memory Ln.  
Boulder Creek CA 95006  
Phone No: 831-338-7303

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

2. Occurrence: bent tire rim, destroyed tire caused by pot hole  
Date: 10/28/01 Place: Bear Creek Rd. on Bear Creek Rd.

Circumstances of occurrence or transaction giving rise to claim:  
While driving along Bear Creek Rd., I hit a pot hole which bent my tire rim + damaged my tire. I would like to be reimbursed for damages.

3. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:  
Please reimburse me for the tire rim (Saturn receipt for \$109.85) and the destroyed tire (America's receipt for \$75.73)

4. Name(s) of public employee(s) causing injury, damage or loss, if known: none

5. Amount claimed now ..... \$ 185.62

Estimated amount of future loss, if known ..... \$ 0

TOTAL \$ 185.62

6. Basis for above computations: please see receipt for tire rim from Saturn (\$109.85) and receipt for new tire from America's (\$75.73)

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

CLAIMANT'S SIGNATURE: Jennie K. Klein

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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2/12-26-01



SATURN OF STEVENS CREEK

4333 Stevens Creek Blvd,  
Santa Clara, CA 95051  
(408) 249-1700

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PARTS  
INVOICE

\*REPRINT\*\*\*REPRINT\*\*\*REPRINT\*\*\*REPRINT\*\*\*REPRINT\*\*\*REPRINT\*\*\*REPRINT\*\*\*REPRINT\*

DATE: 10/30/01

CUSTOMER#:

PAGE: 1 OF 1  
INVOICE#: 88248

SOLD TO:  
KLEIN, JENNY

SHIP TO:

697 MEMORY LN  
BOULDER CREEK CA 95006

PHONE NUMBER: 000 000-0000

SHIP VIA:

TAX ID:

P.O.#:

TERMS: CASH

SALE TYPE: CASH

PAY TYPE:

SOLDBY: PATRICK MARSHALL

QTY	MF	PART NO.	BIN	DESCRIPTION	LIST	NET	TOTAL PRICE
1	SN	21010128	MEZZO2	WHEEL ASM-1	109.89	109.89	109.89



CUSTOMER SIGNATURE: \_\_\_\_\_

SUB-TOTAL	109.89
MISC. CHARGES.....	.00
SALES TAX.....	8.79
DEPOSIT REQUIRED...	.00
PRE-PAID DEPOSIT...	.00
<b>TOTAL AMOUNT DUE</b>	<b>118.68</b>

ALL ELECTRICAL AND SPECIAL ORDER PARTS ARE NOT RETURNABLE. THERE'S A 15% RESTOCKING FEE FOR RETURNED PARTS AFTER 15 DAYS FROM THE DATE OF THE INV...

PARTS DEPARTMENT PHONE NUMBER: 408 556-0490

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Disclaimer of Warranties

The seller, hereby expressly disclaims all warranties, either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

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CAN 03 1  
STORE # TRAN

536 E BROOKAW RD  
STORE ADDRESS

DOUG M ASST MGR #11  
SALESPERSON

SAN JOSE CA 95112-0000  
408-436-8274

DESCRIPTION	F.E.T.	PRICE	AMOUNT
875 B YOK AVID TOURING (31007)		50.00	50.00
FOR FREE REPLACEMENT		7.50	7.50
ENVIRONMENTAL FEE		1.00	1.00
DISPOSAL FEE		2.00	2.00
COMPUTER SPIN BALANCE		7.50	7.50
		2.75	2.75

#UNITS: 1 TAX: 4.98  
 0303 AUTH# 068844 TOTAL: 75.73  
 MASTERCARD: 75.73

LIMITED WARRANTY  
 LIFETIME WORKMANSHIP/MATERIALS  
 FREE REPLACEMENT ROAD HAZARD  
 80,000 MILEAGE WARRANTY  
 CAR MILEAGE  
 RETIGHTEN LUG NUTS AFTER 25 MILES

FOR DANNY KLEIN  
*[Signature]*  
 Customer Signature  
 Cardholder acknowledges receipt of goods and/or services in amount of the Total shown hereon and agrees to perform obligations set forth in the Cardholder's agreement with the Iss