



# County of Santa Cruz

## OFFICE OF THE COUNTY COUNSEL

701 OCEAN STREET, SUITE 505, SANTA CRUZ, CA 95060-4068  
(831) 454-2040 FAX: (831) 454-2115

DAVA McRAE, COUNTY COUNSEL

CHIEF ASSISTANT  
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	Shannon Sullivan	Ligi Coleen Yee

## GOVERNMENT TORT CLAIM

### RECOMMENDED ACTION

Agenda January 29, 2002

To: Board of Supervisors

Re: Claim of Susan Paradise, No. 102-067

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 Susan Paradise, No. 102-067 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

107067

Paradise

CLAIM AGAINST THE COUNTY OF SANTA CRUZ 0044  
(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: Susan Paradise  
Address: 1786 Reinelt Ave #2  
Santa Cruz, CA 95062  
Phone No: 831-465-9209

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

2. Occurrence: 12-18 - A sharp object hit the side of my tire driving through construction area  
Date: 12-18-01 Place: Capitola Rd - between 7th + 17th Ave  
3. Circumstances of occurrence or transaction giving rise to claim: Driving through construction (lots of activity) on Capitola Rd, a sharp object hit my back right tire (brand new) and punctured it so badly through the side that the tire flattened and was not able to be repaired  
4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: \$128.91 to replace tire - receipt included

5. Name(s) of public employee(s) causing injury, damage or loss, if known: not posted at site

6. Amount claimed now .....\$ 128.91  
Estimated amount of future loss, if known .....\$ \_\_\_\_\_  
TOTAL \$ 128.91

7. Basis for above computations: see receipt

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

CLAIMANT'S SIGNATURE: Susan Paradise

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

# BIG O TIRES®

NO REFUNDS ON DEPOSITS  
OR SPECIAL ORDERS  
NATIONAL CUSTOMER SERVICE  
PHONE # 800 321-2446  
CUSTOMER MUST PRESENT COPY  
OF INVOICE FOR ANY WARRANTY

BIG O TIRE #5155  
1025 WATER STREET  
SANTA CRUZ, CA 95062  
(831) 429-9989

\*\*\* WORK ORDER \*\*\*  
# 1-10,478  
S 12/18/01  
Page: 1

0045

Sold To  
PARADISE, SUSAN  
1786 REINELT AVE #2  
SANTA CRUZ, CA 95062

Veh: 02 NISSAN ALTIMA  
Lic: 144757  
Unit#  
Mil: 478/0  
Other Information  
Emp: 1-12 / 1-10  
PO#:

BAR IAK196817  
EPA ICAL000221882  
Ship To

H 831-465-9289  
W

System Mech	Part #	QTY	Description	Parts	Labor	FET	Total
	TIBRINST	1.00	BRIDGESTONE 205/65R16 EL42	162.96	0.00	0.00	162.96
	ENV1	1.00	ENV. TAX FOR TIRES	1.00	9.50	0.00	10.50
	PACKD1	1.00	PACKAGE DELUXE TIRE INSTALL	0.00	17.00	0.00	17.00
THIS PACKAGE INCLUDES: * ORIGINAL MOUNT & DISMOUNT * * LIFETIME TIRE ROTATION * RUBBER VALVE STEM * DECLINED *				* LIFETIME COMPUTER SPIN BALANCE * * * PRORATED WARRANTY FOR MATERIALS & DEFECTS * * ROAD HAZARD WARRANTY			
12	DISPT	1.00	DISPOSAL FEE FOR TIRES	1.00	0.00	0.00	1.00



AIR	
LF	RF
LR	RR
SPA	
WW	EV

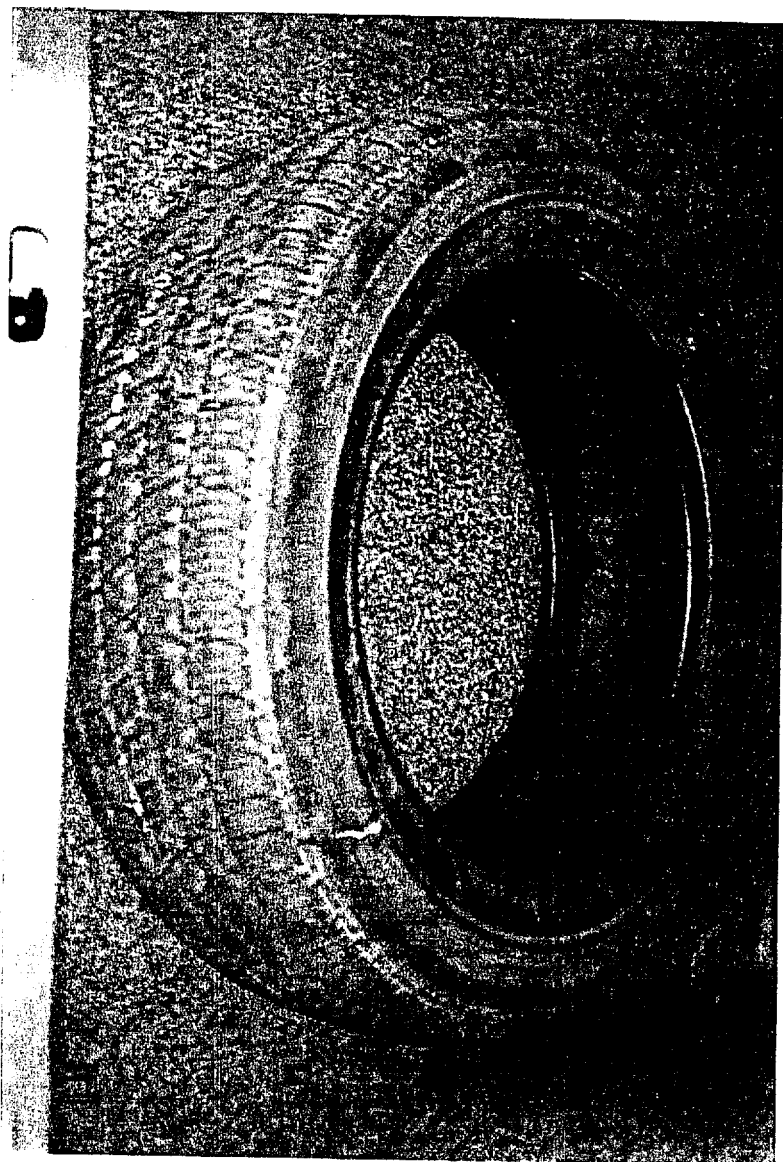
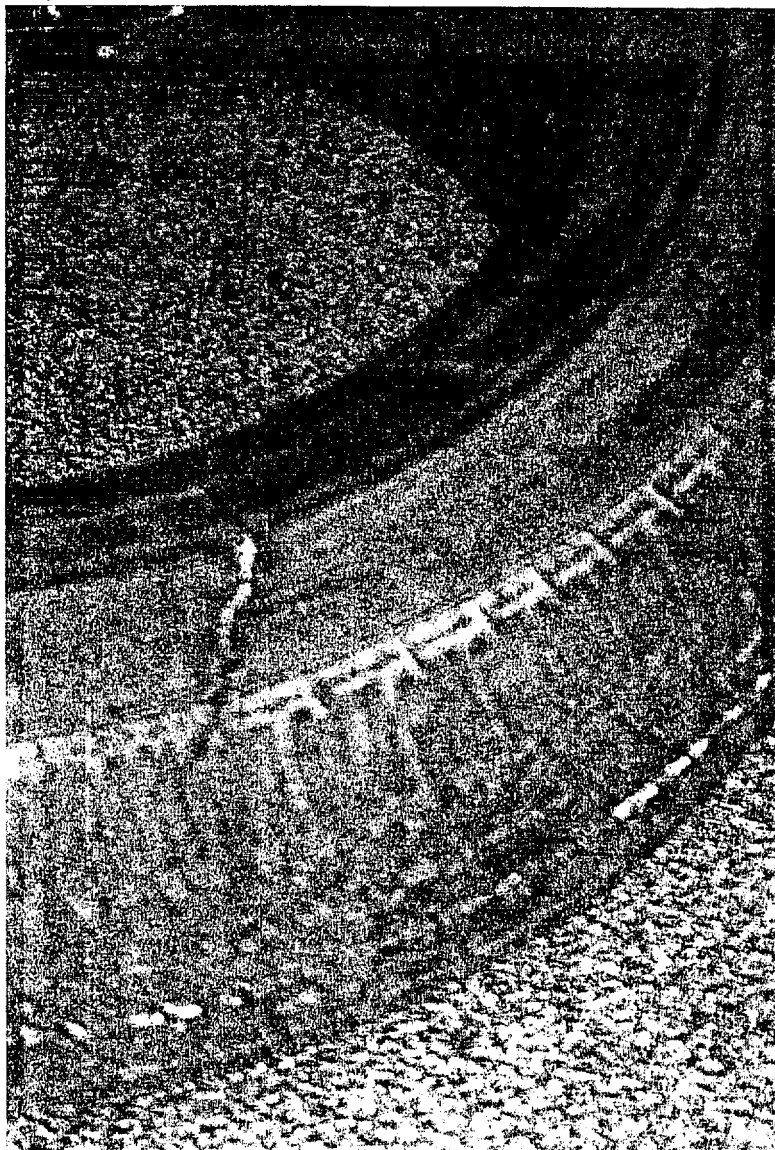
I GRANT BIG O TIRES PERMISSION TO OPERATE THE VEHICLE HEREIN DESCRIBED FOR THE PURPOSE OF TESTING, INSPECTING, INCLUDING REMOVAL OF WHEELS AND DRUMS FOR THE PURPOSE OF INSPECTING THE BRAKES, SERVING OR DELIVERY. I RELEASE BIG O TIRES FROM RESPONSIBILITY FOR LOSS OR DAMAGE TO VEHICLE OR CONTENTS THEREIN, IN CASE OF FIRE, THEFT OR OTHER CAUSE BEYOND BIG O TIRES CONTROL. I AUTHORIZE THE REPAIR AND SERVICE WORK LISTED ON THIS INVOICE TO BE PERFORMED FOR THE AMOUNT SHOWN BELOW. THERE WILL BE A \$10.00 PER DAY STORAGE CHARGE FOR ANY VEHICLE LEFT OVER 48 HOURS. ESTIMATES DERIVED BY VISUAL INSPECTIONS WILL BE CONFIRMED BEFORE SERVICE IS PERFORMED.

I UNDERSTAND I WILL NOT RECEIVE MY OLD PARTS UNLESS CHECKED BELOW.  
☐ YES, PLEASE RETURN MY OLD PARTS.

AMOUNT 128.91 SIGNATURE Susan Paradise 1:58:2

104 Tires abcd 4 Sa BRAKES .91 SHOCKS Total 159.91 ALIGNMENT

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0046

