



County of Santa Cruz

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

Deborah Steen
Harry A. Oberhelman III
Mane Costa
Jane M. Scott
Tamyra Rice

Assistants
Pamela Fyfe
Kim Elizabeth Baskett
Julia Hill
Dwight L. Herr
Shannon Sullivan

Sharon Carey- Stronck
Margaret M. Burks
David Kendig
Miriam L. Stompler
Ligi Coleen Yee

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda February 5, 2002

To: Board of Supervisors

Charles Race, No. 102-069

Re: Claim of _____

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 Charles Race, No. 102-069 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

102-069

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

0006

RECEIVED

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

2001 DEC 31 PM 12:00

PERSONNEL DEPT.

1. Claimant's Name: Charles Race
Address: 57 Mar Monte Ave.
La Selva Beach, CA. 95076
Phone No: (831) 684-0340

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

2. Occurrence: Unmarked Road Hazard

Date: 12/1/01 6:00 p.m. Place: On Sequel Drive near 7th Avenue.

3. Circumstances of occurrence or transaction giving rise to claim: Unmarked pothole damaged 2 tires on right-side of vehicle.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:

Replaced 2 tires and had a 4 wheel alignment done to vehicle totaling a cost of 324.82. (see attached receipt)

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

6. Amount claimed now\$ 324.82

Estimated amount of future loss, if known\$ 0

TOTAL \$ 324.82

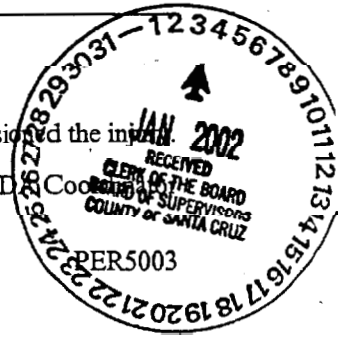
7. Basis for above computations: _____

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

_____ Municipal Court _____ Superior Court

CLAIMANT'S SIGNATURE: Charles Race

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).





3133651

TIRE CENTER INVOICE

0007

Address 57 Mar Monte Ave.
 City La Selva Beach State CA Zip 95076
 Phone (831) 684-0340 Membership # 10979029400
 Make of Vehicle Honda Model Accord Year 97 License # 3LW04
 Odometer Reading _____ Color Green/Gray Date 12/2/01

Tire Mfg:	QTY	ALL PRICES ARE PER WHEEL
Type:	ITEM #	DESCRIPTION
<u>Mich</u>	<u>2</u>	6850 Auto and Light Truck/Van Installation includes: Lifetime balance and rotation (per wheel on same wheel), new valve stem
<u>MXV4</u>		6841 Rim swap / seasonal exchange
<u>Size: 195-60-15</u>		6857 Motor Home & Dual Wheels: By Appt. Only (16.5" and smaller)
<u>Item #: 234444</u>		6861 Extra Balance
<u>Salesperson: [Signature]</u>		Road Hazard Warranty N/C
all pressure:		255783 Flat Repair N/C
Front _____		251141 Rotate Tires N/C
Rear _____		198459 Install Adjusted Tires N/C
Wheel Torque:		222054 Rebalance Tires N/C
D.O.T. #'s		

SLIP PRINT
(Staple register receipt to yellow copy.)

Seasons Greetings & Happy Holidays
 *GOLDSTAR MEMBER #809790294000 7
 * MNT/BALANCE 9.00
 * MNT/BALANCE 9.00
 * TIRE DISPOSL 1.00
 * TIRE DISPOSL 1.00
 \$2 @ 107.99
 * 234444 195/60HR15+ 215.98 T
 * STATE FEE 2.00 T
 * 7.75 % TAX RATE 16.89
 * TOTAL 254.87
 *VF Check/Member Write 254.87
 * CHANGE .00
 *TOTAL NUMBER OF ITEMS SOLD = 2
 *CASHIER: LJNDA G. REG#97
 *12/02/2001 11:58 0149 97 0022 114

PRE-EXISTING BODY CONDITION/SERVICE NOTES

WORK TO BE DONE

L R/R
 S

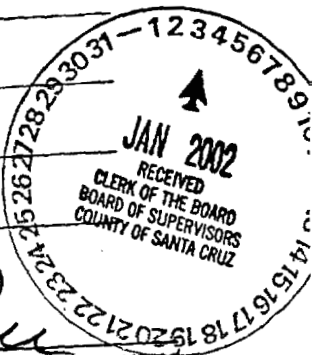
- Best to Spare
- Static Dynamic
- Blackwall
- Whitewall

- Work done by: [Signature]
- Re-tighten lug nuts after first 25 miles of mounting.
 - The member is responsible for correct tire sizes, load and speed ratings as recommended by the vehicle manufacturer. Costco Wholesale is not responsible for damage of any kind caused by the mounting of non-standard tire sizes, load and speed ratings.
 - Costco Wholesale is not responsible for valuables left in vehicle

SPECIAL INFORMATION

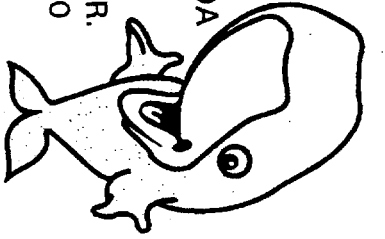
- Missing:
- R/F _____
 - L/F _____
 - R/R _____
 - L/R _____
 - None
 - Customer keeps tire(s)
 - Carry in rims

[Signature]
 have reviewed conditions and requested work is approved
 Nine Point Quality Assurance Release



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Power



CHEVROLET • HONDA

1400 AUTO PLAZA DR.
CAPITOLA, CA 95010
(408) 464-1500

#AE117587

EPA #981684004

NUMBER	12833	BUSINESS PHONE	464-6650
R NUMBER	979	TAG NO.	824
IA RACE	IA R MONTÉ AVE	MILEAGE	43713
LVA BEACH, CA 95076			
DE PHONE	340		
JE SPARKS	104		
IA TE	3W0V483		
IAKE / ANDRBL	JNDAIACCORD EX		
ID NO	5666VA247133	P.O. NO.	
CD		STOCK NO.	
NO.		SELLING DEALER NO.	
NI			
NTS			
RY MILES			
IA TE	8101	INVOICE DATE	12/18/01
IT NUMBER		DELIVERY DATE	08/09/97
RINT # 1		PRODUCTION DATE	

BUSINESS HOURS:

Sales Department
Monday through Friday: 8:30 a.m. - 7:00 p.m.
Saturday: 9:00 a.m. - 7:00 p.m.
Sunday: 10:00 a.m. - 6:00 p.m.
Service Department
Monday through Friday: 7:30 a.m. - 5:30 p.m.
Parts Department

LABOR & PARTS
1 46CVZ04
ROATE TRES
IN THE FRONT
PERFORMED TIRE ROTATION

0.00

J# 2 45CVZ06

PERFORM 4 WHEEL ALIGNMENT

TECH(S): 1070
JOB # 1 TOTAL LABOR & PARTS
TECH(S): 1070

0.00
69.95

PERFORMED 4 WHEEL ALIGNMENT AND SET TO SPECIFICATIONS
OK NOM

JOB # 2 TOTAL LABOR & PARTS

69.95

ESTIMATE HEREBY ACKNOWLEDGES RECEIVING
CUSTOMER ORIGINAL ESTIMATE OF \$69.95 (+TAX)

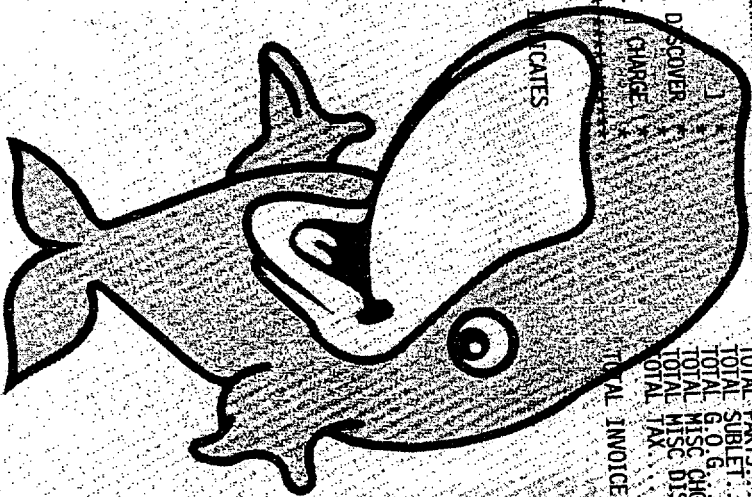
TOTALS

* [] CASH	[] CHECK	CK NO. []	[] DISCOVER	TOTAL LABOR	69.95
* [] VISA	[] MASTERCARD	[] OTHER []	[] GIBRE	TOTAL PARTS	0.00
* [] AMER XPRESS	[] OTHER []	[]	[]	TOTAL SUBLET	0.00
				TOTAL G.O.G.	0.00
				TOTAL MISC CHG.	0.00
				TOTAL MISC DISC.	0.00
				TOTAL TAX	0.00
				TOTAL INVOICE \$	69.95

THANK YOU FOR YOUR BUSINESS!
WHEN THERE IS A * AFTER THE
THIS IS AN ADDED OPERATION

THIS INDICATES

CUSTOMER SIGNATURE



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