



County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda February 26, 2002

To: Board of Supervisors

Re: Claim of Lucille A. Ball, No. 102-082

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 Lucille A. Ball, No. 102-082 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

102-082

BALL
0030CLAIM AGAINST THE COUNTY OF SANTA CRUZ
(pursuant to Section 910 et Seq., Govt. Code)

RECEIVED

2002 JAN 18 PM 2:09

PERSONNEL DEPT.

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: Luaille, A. Ball
 Address: 1521 Albright Dr.
Holt-€%-
 Phone No: %1 637-4272

P.O. Box to which notices are to be sent: N/A

2. Occurrence: County road truck ran me off roadway and my car hit trees & embankment
 Date: 12-6-01/1305 HRS Place: Eureka Canyon Rd., Corralitas, Ca.
 3. Circumstances of occurrence or transaction giving rise to claim: I was driving up the canyon road a dump truck (large and orange) was coming down the road and it was partly on my side of the road (over double yellow lines) as I came around a curve, it caused me to swerve right. I went onto muddy, wet leaf debris, lost traction, & the car hit redwood trees. Right front & right rear pan
 4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: then across road I hit left rear on the bank w/ left rear.
Major damage to my '88 Cougar LX to the extent the insurance company has declared it a total loss.

5. Name(s) of public employee(s) causing injury, damage or loss, if known: The ^{name unknown} driver of the dump-truck that came into my lane of travel and caused me to crash.

6. Amount claimed now \$ 8,056.96
 Estimated amount of future loss, if known \$ unknown -
 TOTAL \$ 8,056.96

7. Basis for above computations: Insurance appraiser report on car repair costs, any loss of car due to resolving this loss claim.

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

CLAIMANT'S SIGNATURE: Luaille A. Ball

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

12
2/1-18-02

Parts		3071.48
Body Labor	45.9 hrs @ \$ 62.00/hr	2845.80
Paint Labor	24.0 hrs @ \$ 62.00/hr	1488.00
Paint Supplies		400.00

SUBTOTAL		\$ 7805.28
Sales Tax	\$ 3471.48 @ 7.2500%	251.68

TOTAL COST OF REPAIRS		\$ 8056.96
ADJUSTMENTS:		
Deductible		500.00

TOTAL ADJUSTMENTS		\$ 600.00
NET COST OF REPAIRS		\$ 7556.96

IT IS AGREED THAT THE UNDERSIGNED REPAIRER WILL COMPLETE THE ABOVE REPAIRS AT A PRICE OF \$ _____ INCLUDING CHARGES INCIDENTAL THERETO: REPAIRER
_____. THIS IS NOT AN AUTHORIZATION TO REPAIR. NO SUPPLEMENT WILL BE HONORED WITHOUT PRIOR INSPECTION BY CNA INSURANCE COMPANIES APPRAISER. BEN BENJAMIN 650-757-7834 OFFICE, 650-757-9876 FAX

Estimate calculated using a preset user threshold amount for the paint and material cost.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. ANY WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THE PARTS, RATHER THAN BY THE ORIGINAL MANUFACTURER OF YOUR VEHICLE.

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DE21C87 Database Date 4/2001 and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Non-Original Equipment Manufacturer aftermarket parts are described as AM or Qual Repl Parts. Used parts are described as LKQ, Qual Recy Parts, RCY, or USED. Reconditioned parts are described as Recon. Recored parts are described as Recore. NAGS Part Numbers and Prices are provided from National Auto Glass Specifications, Inc. Pound sign (#) items indicate manual entries.

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