



0037

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 Cecil Robinson, No. 102-092

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 _____ and refer to County Counsel.
- ☒ 2. Deny the application to file a late claim on behalf of Cecil Robinson, No. 102-092 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: Mark Tracy, Sheriff-Coroner

RISK MANAGEMENT

By Janet McKinley
Janet McKinley, Risk Manager

DANA McRAE, COUNTY COUNSEL

By Kim Elizabeth Baskett
Kim Elizabeth Baskett, Assistant County Counsel

APPLICATION FOR LEAVE TO FILE A LATE CLAIM

Pursuant to Section 911.4 of the Government Code

102-092

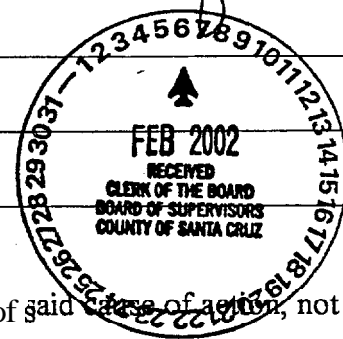
TO: CLERK OF THE BOARD OF SUPERVISORS
701 OCEAN STREET, ROOM 500
SANTA CRUZ, CA 95060

(831)454-2323 Phone
(831)454-2327 Fax

Cecil Robinson hereby makes application for leave to present a late claim founded on a cause of action for an injury to Right elbow by baby (Watson #95) which occurred on July 26th 2001 and for which a claim was not presented within six (6) months, (for death, injury to personal property or person or crops) or 1 year (any other cause of action), by Section 911.2 of the Government Code. For additional circumstances relating to the said cause of action, claimant refers to and hereby incorporates by reference, the proposed claim attached to this application.

Claimant hereby sets forth the following reasons why said claim was not timely presented:

Claim was filed within (1) one week of or after the 6 six month time period.



Said application is being presented within a reasonable time after occurrence of said cause of action, not to exceed one year from the date of the occurrence giving rise to the claim.

WHEREFORE, claimant respectfully requests that said application be granted pursuant to Government Code 911.6 and that said claim which is hereby attached, be received and acted on in accordance with Sections 910 et seq., of the Government Code of the State of California.

DATED

2/6/02

CLAIMANT

Cecil Robinson

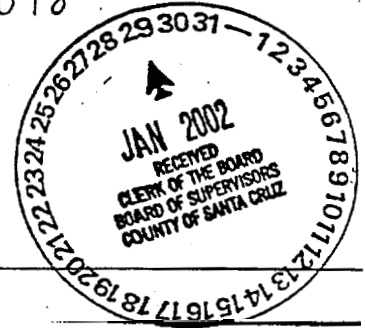
CLAIM AGAINST THE COUNTY OF SANTA CRUZ
(Pursuant to Section 910 et Seq., Govt. Code)

ROBINSON

102-092

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

0039



1. Claimant's Name: CECIL ROBINSON
Address: 1222 17th ave #C
Santa Cruz, CA
Phone No: (831) 688-6221 (Message phone only)
P.O.Box to which notices are to be sent: _____
 2. Occurrence: Court appearance @ 9 AM
Date: 7-26-01 Place: 701 Ocean Street Court Room #4
Watson #95
Circumstances of occurrence or transaction giving rise to claim: Grabbed Right arm causing additional injury and pain.
 3. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: Inability to complete job description (Cook), behind on child support payments, medical expenses (pain and suffering).
 4. Name(s) of public employee(s) causing injury, damage or loss, if known: Deputy Watson #45
@ Santa Cruz County Sheriff Department.
 5. Amount claimed now \$ 50,000
Estimated amount of future loss, if known \$ 100,000
TOTAL \$ 150,000
 6. Basis for above computations: 2,000 @ Monthly x 12 / 1 yr from today date Robert's heard
I will file suit again against the County Sheriff's Dept.
 7. If the amount claimed is over \$10,000, indicate the court of jurisdiction:
_____ Municipal Court Santa Cruz _____ Superior Court
- CLAIMANT'S SIGNATURE: Cecil Robinson

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

2/1-29-02

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