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County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

March 12, 2002

Agenda _____

To: Board of Supervisors

Re: Claim of Christiane Jennings, No. 102-090

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 _____ 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 Christiane Jennings, No. 102-090 as insufficiently filed and refer to County Counsel.

Not County Jurisdiction

RISK MANAGEMENT

By Janet McKinley
Janet McKinley, Risk Manager

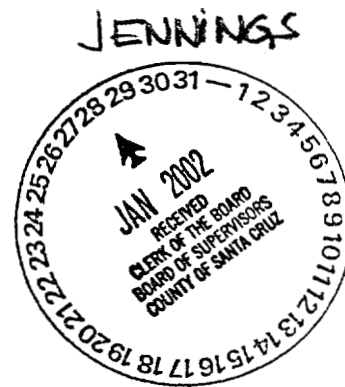
DANA McRAE, COUNTY COUNSEL

By Kim Elizabeth Baskett
Kim Elizabeth Baskett, Assistant County Counsel

102090
CLAIM AGAINST THE COUNTY OF SANTA CRUZ
(Pursuant to Section 910 et Seq., Govt. Code)

0020

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: Christiane Jennings
Address: 518 Ocean Street, Suite C
Santa Cruz, California 95060
Phone No: 831-457-2733
P.O. Box to which notices are to be sent: Same
 2. Occurrence: Fall on sidewalk on 2nd Street near Main Street, Santa Cruz, California
Date: August 3, 2001 Place: Sidewalk on 2nd Street, Santa Cruz
 3. Circumstances of occurrence or transaction giving rise to claim: Ms. Jennings was walking on 2nd street when she tripped over an uplifted and uneven section of sidewalk at that location.
 4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
Ms. Jennings suffered a fractured wrist along with severe abrasions to her left arm. She is scheduled for surgery on the wrist in January, 2002.
 5. Name(s) of public employee(s) causing injury, damage or loss, if known: Unknown
 6. Amount claimed now \$50,000.00
Estimated amount of future loss, if known Unknown
TOTAL \$ 50000
 7. Basis for above computations: The medical bills plus general damages plus ongoing physical limitation and ongoing general damages
 8. If the amount claimed is over \$ 1 0,000, indicate the court of jurisdiction:
Unlimited Municipal Court Unlimited Superior Court
- CLAIMANT'S SIGNATURE: [Signature] Attorney for Christiane Jennings

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 JDD 454-2123).

PER5003

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