



County of Santa Cruz

0021

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda March 12, 2002

To: Board of Supervisors

Re: Claim of Rene and Laurie Schlaepfer, No. 102-091

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 Rene and Laurie Schlaepfer, No. 102-091 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: Barry Samuel, Director, POSCS **RISK MANAGEMENT**

By Janet McKinley
Janet McKinley, Risk Manager

DANA McRAE, COUNTY COUNSEL

By Kim Elizabeth Baskett
Kim Elizabeth Baskett, Assistant County Counsel

Original
Photos with
Risk Mgmt

CLAIM AGAINST THE COUNTY OF SANTA CRUZ
(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

0022



1. Claimant's Name: Rene and Laurie Schlaepfer
Address: 349 Lee St.
Santa Cruz CA 95060
Phone No: 429-9809
- P.O. Box to which notices are to be sent: _____
2. Occurrence: Tree on County Property fell on house (Tree located on Emelin St. Property, on Carbone Creek)
Date: 12-14-01 Place: 349 Lee St.
3. Circumstances of occurrence or transaction giving rise to claim: Tree had rotting in roots and trunk; fell on house at 3:30am on Dec. 14, 2001. There was some wind and rain that night.
4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
The county is responsible for the inspection and maintenance of their large trees. This tree broke a window, gouged siding, dented gutter, destroyed arbor, damaged mini-blinds and small retaining wall. See photos.
5. Name(s) of public employee(s) causing injury, damage or loss, if known: N/A
6. Amount claimed now \$ 1983.67
Estimated amount of future loss, if known see note \$ _____
TOTAL \$ 1983.67
7. Basis for above computations: Estimate (attached)
8. If the amount claimed is over \$10,000, indicate the court of jurisdiction:
_____ Municipal Court _____ Superior Court
- CLAIMANT'S SIGNATURE: Laurie A. Schlaepfer

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).

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