

DAVA McRAE, COUNTY COUNSEL

**CHIEF ASSISTANT RAHNGARCIA** 

## **County of Santa Cruz**

## OFFICE OF THE COUNTY COUNSEL

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**Assistants** 

Deborah Steen Harry A. Oberhelman III Kim Elizabeth Baskett Margaret M. Burks Marie Costa Jane M. Scott Tamyra Rice

Pamela Fyfe Julia Hill Dwight L. Herr Shannon Sullivan **Sharon Carey- Stronck** David Kendig Miriam L. Stombler Ligi Coleen Yee

## **GOVERNMENT TORT CLAIM**

## RECOMMENDED ACTION

					Ag	genda	March	12,	2002
То:	Board of	Supervisors							
Re:	Claim of	Don Williams, No.	102	2-099					
Orig	ginal docu	ment and associated materi	ials a	are on file at t	he Clerk to	the Boar	rd of Su	pervis	sors.
In re	egard to th	ne above-referenced claim, t	this	is to recomm	end that the	Board to	ake the	follov	ving action:
X	<sup>K</sup> 1.	Reject the claim of Don Counsel.	Wil	lliams, No.	102-099			and 1	refer to County
	2.	Deny the application to f and refer to County Couns	file a	a late claim	on behalf of	f			
	3.	Grant the application to fand refer to County County	file	a late claim	on behalf of	f			
	<b>4.</b> 5.	Approve the claim of and reject Reject the claim of and refer to County County			ny, and refe	er to Cou	inty Coi	insel.	the amount of ufficiently filed
cc:	Barry	Samuel, Director, POSC	CS	RISK MAN	AGEMENT	Γ			
				By Janet	ot M McKinley,	Risk Ma	anager	<u> </u>	
				DANA McR	AE, COUN	NTY CC	UNSE	L	
				® <del>y Kin</del> Kim	Elizabeth/B	ablt askett, A	Assistant	Cour	tett hty Counsel

PER5107 Word Rev 1/2002

	CLAIM AGAINST THE COUNTY OF SANTA CRUZ  (Pursuant to Section 910 et Seq., Govt. Code)
	TO: BOARD OF SUPERVISORS 0032 COUNTY OF SANTA CRUZ ATTN: Clerk of the Board Governmental Center
1.	Claimant's Name DOD ///////// Summ' or
	Address: 3/3 he St. 95060
	Phone No: (831) 423-6733
2.	Occurrence: 3/3 Loe St Santa CRun CA 95060
	Date: 01/02/02 Place: 313 her St.
	On the oranty proporty fell across Curponers Creek on
	the property of stated Residence Causing damage.
3.	General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:  Description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
	tree house; loss of 2 trees in yald (peach plum
4.	Name(s) of public employee(s) causing injury, damage or loss, if known:
5.	Amount claimed now \$_2415,-\$\displaystyle \text{S}\$
	Estimated amount of future loss, if known.   TOTAL \$ 3415.00
6.	Basis for above computations: Proposed amounts - play steucture
7.	The house (Materials / 4016)   Attached proposed to R.  The world's Replacement of their in yard; Creek bed.  If the amount claimed is over \$10,000, indicate the court of jurisdiction:
	Municipal Court Superior Court
NT. 4	CLAIMANT'S SIGNATURE: Omld full
Note inju	e: Claim must be presented to Clerk, Board of Supervisors, within six (6) months after the act which occasioned the ry.
Ame 296	ericans with Disabilities Act questions or requests for accommodations may be directed to the <b>ADA</b> Coordinator at 454-2 (TDD 454-2123). PER5003

Williams.