



County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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DANA McRAE, COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda March 19, 2002

To: Board of Supervisors

Re: Claim of Eric Haya, No. 102-098

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 Eric Haya, No. 102-098 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

102098 HAYES

CLAIM AGAINST THE COUNTY OF SANTA CRUZ 2016
(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



1. Claimant's Name: Eric Hayes
Address: 248 McGovern Way
Santa Cruz CA 95060
Phone No: 831/458-2115

P.O. Box to which notices are to be sent: _____

2. Occurrence: Hwy 9 + Felton Empire Rd. (POT HOLE)
Date: 1/1/02 Place: ON Felton Empire Rd. ; near Hwy 9

3. Circumstances of occurrence or transaction giving rise to claim: _____

Their was a deep pothole which at night + raining was very hard to see. I believe a block should have been in place, + after I called the county - they put a block and fixed the hole.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
- Wheel Hub assembly needs replacing from impact
- car making a sound now; alternator out of alignment
- Brake Squeaking now

5. Name(s) of public employee(s) causing injury, damage or loss, if known: _____

6. Amount claimed now\$ \$414.87
Estimated amount of future loss, if known\$ _____
TOTAL \$ \$414.87

7. Basis for above computations: Estimate + existing bill

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

CLAIMANT'S SIGNATURE: [Signature] 2/6/02

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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