



County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

701 OCEAN STREET, SUITE 505, SANTA CRUZ, CA 950604068
(831) 454-2040 FAX: (831) 454-2115

DANA McRAE, COUNTY COUNSEL

CHIEF ASSISTANT
RAHN GARCIA

Deborah Steen

Harry A. Oberhelman III

Marie Costa

Jane M. Scott

Tamyra Rice

Assistants

Pamela Fyfe

Kim Elizabeth Baskett

Julia Hill

Dwight L. Herr

Shannon Sullivan

Sharon Carey-Stronck

Margaret M. Burks

David Kendig

Miriam L. Stomblor

Ligi Coleen Yee

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda April 9, 2002

To: Board of Supervisors

Re: Claim of Curt Pieratt & Michele Reesink, No. 102-103

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 Curt Pieratt & Michele Reesink, No. 102-103 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: Mark Tracy, Sheriff-Coroner

RISK MANAGEMENT

By Janet McKinley
Janet McKinley, Risk Manager

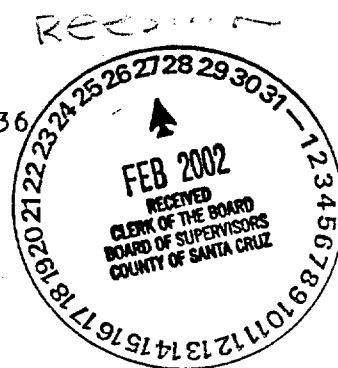
DANA McRAE, COUNTY COUNSEL

By Kim Elizabeth Baskett
Kim Elizabeth Baskett, Assistant County Counsel

102-103
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

0036



1. Claimant's Name: Curt Pieratt & Michele Reesink
Address: 3303 Main St
Soguel CA 95073
Phone No: 831 475-1604
P.O. Box to which notices are to be sent: _____
2. Occurrence: Arrest in our Yard
Date: 2/18/02 Place: 3303 Main St, Soguel
3. Circumstances of occurrence or transaction giving rise to claim: Our metal shed was damaged during the pursuit of the criminal
4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: The shed is completely totalled repair is impossible
5. Name(s) of public employee(s) causing injury, damage or loss, if known: _____
6. Amount claimed now\$ 950.00
Estimated amount of future loss, if known\$ 200.00 FOR REMOVAL AND SALVAGE AND SET UP
TOTAL \$ 1150.00
7. Basis for above computations: SEARS Appraisal
8. If the amount claimed is over \$10,000, indicate the court of jurisdiction:
_____ Municipal Court _____ Superior Court

CLAIMANT'S SIGNATURE: Michele Reesink

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

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2/2-27-02