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County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda April 23, 2002

To: Board of Supervisors

Re: Claim of Katharine T. Wright, No. 102-111A

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 Katharine T. Wright, No. 102-111A 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

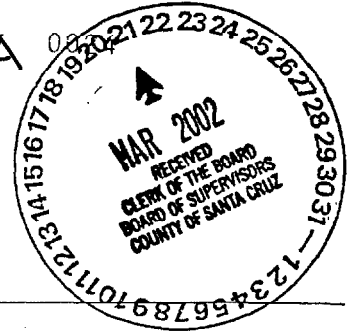
By Kim Elizabeth Baskett
Kim Elizabeth Baskett, Assistant County Counsel

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

WRIGHT

102-111A

TO: BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ
ATTN: Clerk of the Board
Governmental Center
701 Ocean Street, Santa Cruz, CA 95060



Claimant's Name: Katharine T. Wright
Address: 4255 Opal Cliff Drive
Santa Cruz, CA 95062
Phone No: (831) 462-1240

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

2. Occurrence: Sprained Arm
Date: 2-2-02 Place: Santa Cruz County Jail

Circumstances of occurrence or transaction giving rise to claim: While being booked, detention officer used excessive force.

3. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: Sprained Arm.

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

5. Amount claimed now \$ 1066.68

Estimated amount of future loss, if known \$ _____

TOTAL \$ 1066.68

6. Basis for above computations: _____

7. If the amount claimed is over \$10,000, indicate the court of jurisdiction:

_____ Municipal Court _____ Superior Court

CLAIMANT'S SIGNATURE: Kat T Wright

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

2/3-21-02 10