



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
RAHNGARCIA

Deborah Steen
Harry A. Oberhelman III
Marie Costa
Jane M. Scott
Tarnyra Rice

Assistants
Pamela Fyfe
Kim Elizabeth Baskett
Julia Hill
Dwight L. Herr
Shannon Sullivan

Sharon Carey-Stronck
Margaret M. Burks
David Kendig
Miriam L. Stompler
Ligi Coleen Yee

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda April 23, 2002

To: Board of Supervisors

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

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 Katharine T. Wright, No. 102-111B 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: Not Jurisdiction

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)



TO: BOARD OF SUPERVISORS 102-111B
COUNTY OF SANTA CRUZ 0026
ATTN: Clerk of the Board
Governmental Center
701 Ocean Street, Santa Cruz, CA 95060

1. Claimant's Name: Katharine J Wright
Address: 1210 Opal Cliff Drive
Santa Cruz, CA 95062
Phone No: (831) 462-1240
P.O. Box to which notices are to be sent: _____

2. Occurrence: Use of excessive force caused gash in Head.
Date: 2/02/02 Place: Capitola
Circumstances of occurrence or transaction giving rise to claim: use of, excessive force
by Capitola police office caused head injury
& caused seizure disorder to occur
again

3. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
Two staples in Head wound. appointment
to neurologist Cathl J Miller MD & Lab
test.

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

5. Amount claimed now \$ 252.25
Estimated amount of future loss, if known \$ _____
TOTAL \$ 252.25

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: Katharine J 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 **11**