



# County of Santa Cruz

## OFFICE OF THE COUNTY COUNSEL

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## GOVERNMENT TORT CLAIM

### RECOMMENDED ACTION

Agenda June 4, 2002

To: Board of Supervisors

Re: Claim of Myrna C. Sherman, No. 102-122

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 Myrna C. Sherman, No. 102-122 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.

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



1. Claimant's Name: MYRNA C. SHERMAN  
Address: 513 CLOUDVIEW DR  
WATSONVILLE CA 95076  
Phone No: 831-761-0767

P.O. Box to which notices are to be sent: \_\_\_\_\_

2. Occurrence: \_\_\_\_\_

Date: 4/8/2002 Place: SANTA CRUZ COUNTY BUILDING

3. Circumstances of occurrence or transaction giving rise to claim: I WAS EXITING THE COURT HOUSE INTO THE PATIOM WHEN I WALKED INTO A VERY LOW BENCH. IT IS NOT VISIBLE WHEN NOT IN USE WHEN YOU ARE LOOKING STRAIGHT AHEAD →

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

AMBULANCE 712.29  
EMERGENCY ROOM 375.15  
HUSBAND TOOK TIME OFF FROM WORK 100.00 →

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

6. Amount claimed now ..... 1187.44

Estimated amount of future loss, if known ..... \$ \_\_\_\_\_

TOTAL \$ 1187.44

7. Basis for above computations: BILLS FROM EACH AGENCY

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

\_\_\_\_\_ Municipal Court \_\_\_\_\_ Superior Court

CLAIMANT'S SIGNATURE: [Signature]

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 (TDD454-2123).

RECLAMO CONTRA EL CONDADO DE SANTA CRUZ  
(Segun Seccion 910 y Seguido de Codigo de Gobernacion)

0027



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

1. Nombre de demandante \_\_\_\_\_  
Direccion de demandante \_\_\_\_\_

Numero de telefono de demandante \_\_\_\_\_

Caja postal donde se pueden mandar las noticias \_\_\_\_\_

2. Incidente \_\_\_\_\_

Fecha \_\_\_\_\_ Lugar \_\_\_\_\_

3. Circunstancias del incidente o transaccion que resulto de este reclamo \_\_\_\_\_

CONT'D

IN THIS CASE I WAS ON MY WAY TO  
THE COFFEE KIOSK. THE SHERIFF WHO CAME  
TO MY AID SAID "THIS HAPPENS ALOT"

4. Descripcion general tocante sus deudas, obligaciones, lastimaduras, danos o perdidas que ha sufrido hasta la fecha

CONT'D

I HAD AN ABRASION ON MY RIGHT THUMB.  
I WAS HURT TO SEE IF MY LEG  
WAS BROKEN. THANKFULLY IT WAS NOT.

5. Nombre(s) de empleado(s) publico(s) quien han causado lastimaduras, danos, o perdida si son reconocidas por el demandante \_\_\_\_\_

6. Cantidad reclamada a hasta la fecha ..... \$ \_\_\_\_\_

Estimacion de perdida futura (si sabe) ..... \$ \_\_\_\_\_

Total ..... \$ \_\_\_\_\_

7. Razones de tales calculaciones \_\_\_\_\_

8. Indique la corte de jurisdiccion, si el reclamo es mas de \$10,000  
\_\_\_\_\_ Corte Municipal \_\_\_\_\_ Corte Superior

\_\_\_\_\_  
FIRMA DE DEMANDANTE

Nota Especial: Este reclamo tiene que ser presentada a: Clerk, Board of Supervisors, #500, 701 Ocean Street, Santa Cruz, antes de seis meses despues del acto que ha causado la perdida.

Preguntas sobre el Americans with Disabilities Act (Acta Americana de Incapacidades) o si necesita acomodaciones llame a la Coordinadora al # 454-2962(TDD: 454-2123).