



County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda June 11, 2002

To: Board of Supervisors

Re: Claim of Lisa Rubottom, No. 102-124

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 Lisa Rubottom, No. 102- 124 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: Dave Moeller, Ag Commissioner **RISKMANAGEMENT**

By Janet McKinley
Janet McKinley, Risk Manager

DANA McRAE, COUNTY COUNSEL

By Kim Elizabeth Baskett
Kim Elizabeth Baskett, Assistant County Counsel

102-124

Rubottom 0016

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: LISA Rubottom
Address: 214 E. High Street
Watsonville CA 95076
Phone No: 831-724-8221
P.O. Box to which notices are to be sent: Same as above
 2. Occurrence: Auto accident
Date: 4-15-02 Place: North on Soquel drive Santa Cruz
 3. Circumstances of occurrence or transaction giving rise to claim: Pamela Cassar
rear-ended my vehicle
 4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
Front end repair to my vehicle
 5. Name(s) of public employee(s) causing injury, damage or loss, if known: Pamela Cassar
Ag. Inspector for SC County
 6. Amount claimed now \$ 2227.94
Estimated amount of future loss, if known \$ unknown
TOTAL \$ 2227.94
 7. Basis for above computations: _____
 8. If the amount claimed is over \$10,000, indicate the court of jurisdiction:
_____ Municipal Court _____ Superior Court
- CLAIMANT'S SIGNATURE: Lisa Rubottom

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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2/5-08-02