



County of Santa Cruz ⁰⁰²¹

OFFICE OF THE COUNTY COUNSEL

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda August 27, 2002

To: Board of Supervisors

Re: Claim of Janine Hall, No. 203-008

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 Janine Hall, No. 203-008 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: Tom Bolich, Director
Department of Public Works

RISK MANAGEMENT

By Janet McKinley
Janet McKinley, Risk Manager

DANA McRAE, COUNTY COUNSEL

By Kim Elizabeth Baskett
Kim Elizabeth Baskett, Assistant County Counsel

*original photos given to RISK MNGMT

203008

Hall

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

0022

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: Janine Hall
Address: 2272 Capitola Rd
Santa Cruz, CA
Phone No: 831 - 477-9207

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

2. Occurrence: Flooding of cottage during Capitola Rd sidewalk project
Date: 11/11 & 12/9/01 Place: 2272 Capitola Rd B

3. Circumstances of occurrence or transaction giving rise to claim: I had a contractor install water diversion roll overs around my property to protect it from Capitola Rd run off. These were removed by the County to install sidewalks. So when it started raining my property flooded.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: Carpets, paint, painting, reimbursement of rental money and loss of rental income while property was being repaired

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

6. Amount claimed now\$ 5062.56
Estimated amount of future loss, if known\$ 0
TOTAL \$ 5062.56

7. Basis for above computations: See attached receipts

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

CLAIMANT'S SIGNATURE: Janine Hall

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).

11/7-22-02