



County of Santa Cruz

OFFICE OF THE COUNTY COUNSEL

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DPNA McRAE, COUNTY COUNSEL

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	Shannon Sullivan	Ligi Coleen Yee

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda August 27, 2002

To: Board of Supervisors

Re: Claim of James Nielsen, No. 203-012

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 James Nielsen, No. 203-012 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

203 010

NIELSEN

CLAIM AGAINST THE COUNTY OF SANTA CRUZ
(Pursuant to Section 910 et Seq., Govt. Code) 0028

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: JAMES NIELSEN
Address: 107 7TH AVE.
SANTA CRUZ, CA. 95062
Phone No: 831-475-7444

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

2. Occurrence: _____

Date: WEEK OF JULY 8 Place: 7TH AVE AND CAPITOLA ROAD, SANTA CRUZ

3. Circumstances of occurrence or transaction giving rise to claim: ROAD WAS SPRAYED WITH FRESH ASPHALT, FLAGMAN WAVED TRAFFIC THRU.

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

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

6. Amount claimed now\$ 135.00

Estimated amount of future loss, if known\$ —

TOTAL \$ 135.00

7. Basis for above computations: ESTIMATE BY DETAIL SHOP.

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

_____ Municipal Court _____ Superior Court

CLAIMANT'S SIGNATURE: *James Nielsen*

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).

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2/7-26-02