COUNTY OF SANTA CRUZ

OFFICE OF THE COUNTY COUNSEL

701 OCEAN STREET, SUITE 505, SANTA CRUZ, CA 95060-4068 (831) 454-2040 FAX: (831) 454-2115

DANA McRAE, COUNTY COUNSEL

Chief **Deputy Rahn Garcia**

	Assistants		*Special Counsel*
Marie Costa	**Shannon M. Sullivan**	**Betsy L. Allen**	**Dwight Herr**
Jane M. Scott	**Miriam L. Stombler**	**David Brick**	**Deborah Steen**
Tamyra Rice	**Jason M. Heath**	**Jessica C. Espinoza**	**Samuel Torres, Jr.**
	Christopher R. Cheleden	**Sharon Carey-Stronck**	

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda: *2112108*

To: Santa Cruz Countv Board of Supervisors

Re: Raymond S. Quinonez, Claim No. *708-048*

Original document and associated materials are on file at the Clerk of the Board of Supervisors.

In regard to the above-referenced claim, this is to recommend that the Board take the following action:

1. X Reject the claim of Raymond S. Quinonez 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
Acting Risk **Manager**

DANA McRAE, COUNTY COUNSEL

By: J M Heath

Jason M. Heath
Assistant County **Counsel**

cc: Steve Robbins, Sheriff Department

708-048

CLAIM AGAINST THE COUNTY OF SANTA CRUZ

(Pursuant to Section 910 et Seq., Govt. Code)

RECEIVED JAN 2008 CLERK OF THE BOARD BOARD OF SUPERVISORS COUNTY OF SANTA CRUZ

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: RAYMOND S. QUIÑONEZ #E-15587

Address: SALINAS VALLEY STATE PRISON

Phone No: CONTACT Number (707) 450-8115

P.O. Box to which notices are to be sent: P.O. BOX 1050

2. Occurrence: SANTA CRUZ COUNTY JAIL "D" DORM MAIN JAIL

Date: AUG 28, 2007 Place:

3. Circumstances of occurrence or transaction giving rise to claim: A UNSECURE lighting DEFUSER FELL ON HO MY HEAD FROM 18-20 FEET ABOVE. I WAS TALKING TO THE JAIL CHAPLAIN WHEN THIS HAPPENED AND HAVE SIGNED AFFIDAVITS BY (11) ELEVEN WITNESSES INCLUDING A JAIL LT., WATCH CORPORAL AND (2) OFFICERS PLUS MEDICAL STAFF & VIDEO TAPE

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: I HAVE SINCE HAD (22) twenty two SEIZURES SINCE THE INJURY MY PHOTOSENSITIVY HAS INCREASED. PRIOR TO THIS OCCURANCE I WAS DOWN TO (1) ONE OR (2) two SEIZURES A QUARTER. MEDICATION IS BARELY CONTROLLING MY CONDITION!

5. Name(s) of public employee(s) causing injury, damage or loss, if known: SANTA CRUZ COUNTY SHERIFF STEVE ROBBINS AND WATCH COMMANDER FOR S.C. MAIN JAIL

6. Amount claimed now $58,000.00

Estimated amount of future loss, if known $58,000.00

TOTAL $116,000.00

7. Basis for above computations: DUE TO PAIN AND SUFFERING EACH time I HAVE SEIZURE, PAIN OF THE INJURY AND OVERALL NEGLIGENCE ON THE COUNTY'S PART FOR SAFETY ISSUES.

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

_____ Municipal Court SANTA CRUZ COUNTY Superior Court

CLAIMANT'S SIGNATURE: Raymond S. Quiñonez #E15587 (JAN 1, 2008)

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).

PEW003

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SHERIFFS' OFFICE
WATCH COMMANDER

22 DEC. 2007

PLEASE BE ADVISED THAT THIS IS MY (2nd) SECOND LETTER TO YOUR OFFICE REGARDING OBTAINING INFORMATION ON HOW TO FILE A FORMAL COMPLAINT AND OTHER INFORMATION REGARDING WHO IS OVER-ALL RESPONSIBLE FOR EVERYDAY SAFETY ISSUES AT THE MAIN JAIL? I WAS INJURED AT THE JAIL 28 AUG. 2007 AND I DEMAND A PAYMENT OF $58,000.00. I AM REQUIRED TO MAKE THIS DEMAND EITHER WRITTEN, VERBALLY BY PHONE OR PERSONALLY. BE ADVISED THAT ALL OUTGOING LEGAL MAIL FROM HERE (S.V.S.P.) SALINAS VALLEY STATE PRISON IS LOGGED. THANK YOU FOR YOUR TIME. I AWAIT YOUR RESPONSE WITHIN 10 (TEN) DAYS.

Sincerely,

Raymond S. Quiñonez

COPY

CONTACT ME AT:

RAYMOND S. QUIÑONEZ
#E15587 (D8-126)
P.O. BOX 1050
SOLEDAD, CA.
93960