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

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Sharon Carey-Stronck

Special Counsel
Dwight Herr
Deborah Steen
Samuel Torres, Jr.

GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda: 2/12/08

To: Santa Cruz County Board of Supervisors

Re: Angel and Lorenza Cortez, Claim No. 708-053

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. ____ Reject the claim of _____ and refer to County Counsel.
2. __X__ Deny the application to file a late claim on behalf of Angel and Lorenza Cortez 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: JM Heath

Jason M. Heath
Assistant County Counsel

cc: Tom Bolich, DPW

HANSEN INS.

0044

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

APPLICATION FOR LEAVE TO FILE A LATE CLAIM

Pursuant to Section 911.4 of the Government Code

TO: County of Santa Cruz
Clerk of the Board of Supervisors
701 Ocean Street, Room 500
Santa Cruz, CA 95060

(831) 454-2323 telephone
(831) 454-2327 fax

RE: CORTEZ

I, Lorenza Cortez (Name), hereby apply for leave to present a late claim for damages arising from injuries which occurred on Feb-March, 07 (Date of injury) and for which a claim was not presented within six (6) months (for death, injury to personal property or person or crops), or one (1) year (any other cause of action), as required by Section 911.2 of the Government Code.

ATTACHED TO THIS APPLICATION IS A PROPOSED CLAIM WHICH DESCRIBES THESE INJURIES AND EXPLAINS HOW THEY OCCURRED. I UNDERSTAND THAT IF I DO NOT ATTACH A CLAIM TO THIS APPLICATION THAT THIS APPLICATION WILL NOT BE ACTED UPON BY THIS PUBLIC ENTITY.

The reasons this claim is late are:

I had trouble determining who the contractor was and submitted my claim when I identified the contractor.

This application is being presented within a reasonable time after occurrence of these injuries, but not later than one (1) year from the date of the occurrence giving rise to the claim. WHEREFORE, I respectfully request that this application be granted pursuant to Government Code Section 911.6 and that the attached claim be received and acted on in accordance with Government Code Section 910 et seq.

DATED: 1-16-08 CLAIMANT SIGNATURE: Lorenza Cortez

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Per 5115 rev 3/2004 JH

2/1-16-08

CORTEZ

708-053

0045

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

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: Angel and Lorenza Cortez
Address: 25 West Front Street
Watsonville, California 95076
Phone No: (831) 728-2463
P.O. Box to which notices are to be sent:

2. Occurrence: Construction work by S.C. County caused damage to my home.
Date: Feb-March 07 Place: 25 W. Front St.

3. Circumstances of occurrence or transaction giving rise to claim: Contractor removing trees + digging pipe trenches next door to 25 W Front St, when homeowner noticed cracking to her floors and outside walls caused by equip. shaking ground.

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: Damage to floors of home in Kitchen + dining areas also a bedroom floor + outside walls cracking

5. Name(s) of public employee(s) causing injury, damage or loss, if known: South County Community Building — 408-842-9181

6. Amount claimed now ..... $ unknown
Estimated amount of future loss, if known ..... $
TOTAL $

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: Lorenza Cortez

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).

PER 1003

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2/1-11-08

Hansen Insurance Agency

January 16, 2008

To:	Clerk of the Board of Supervisors	**From:**	Debbie Manning
Fax:	831 454-2327	**Pages:**	6
Re:	Angel & Lorenza Cortez	**Pol.#**	

To Whom It May Concern:

Please find attached the county application for leave to file a late claim for Angel and Lorenza Cortez, property owners at 25 W. Front Street, Watsonville, CA 95076.

Mrs. Cortez has advised our office that although the work was being done in Feb-March 07, she had trouble identifying the contractor initially, When she was able to identify the contractor she called the City of Watsonville who directed her to call the County of Santa Cruz. Mrs. Cortez said *she* had trouble finding someone to help her within the county offices and finally was able to talk to Don Hill who then arranged for Leslie Scanagatta to send a claim *form* to Mrs. Cortez.

I would respectfully request your further consideration of this claim, due to the delays involved in finding the correct avenue for filing a claim.

Please call with any additional questions and/or concerns, Thank you!

Sincerely,

Debbie Manning

Debbie Manning

debbie@hanseninsLrrance.com

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

Insurance Brokers

800 East Lake Avenue Watsonville, CA 95076 Voice: 831-722-9666 Fax: 831-722-2932

License #0831440 www.hanseninsurance.com