

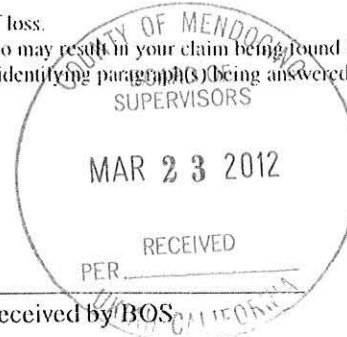
NOTICE OF CLAIM
AGAINST THE COUNTY OF MENDOCINO
(Government Code Section 910 et seq.)

INSTRUCTIONS (Please read carefully):

- * Claims related to injury to person, damage to personal property, or employee claims, by any person, government agency or entity of any type, must be presented to the County within (6) months from the date of loss.
- * Claims related to any other loss must be presented not later than (1) year from the date of loss.
- * Answer all items fully and to the best of your knowledge and information. Failure to do so may result in your claim being found insufficient.
- * If more space is needed to provide requested information, please attach additional pages identifying paragraph(s) being answered.
- * Legal advice concerning your claim should be obtained from your own lawyer.

MAIL COMPLETED FORM TO:

Mendocino County Board of Supervisors
Attn: Clerk of the Board
501 Low Gap Road, Room 1010
Ukiah, CA 95482



1. Claimant's Name: Steven K. Morales Daytime Phone: [REDACTED]
2. Claimant's Mailing Address: [REDACTED] Idaho Falls, ID 83402
3. Home Phone: [REDACTED] Date of Loss: 10/14/2011 Time of Loss: around Midnight
4. Location of Loss (Specify in as much detail as possible, example: corner of State and Perkins):
10208 Main Street, Potter Valley, Ca. 95469
5. Description of incident/accident which caused you to make this claim: Mendocino County Sheriff's Dept, while searching for Ryan Silva, broke 3 windows of my rental unit and damaged the bathroom tile and part of the carpet with some kind of pressure bomb.
6. What specific injury, damages or other losses did you incur? 3 broken windows, damage (stain) to tile and carpet floors, loss of rent for 1 month
7. What amount of money are you seeking to recover? (check one of the boxes below)
☒ The amount claimed is less than \$2,000. Enter the amount claimed here: \$ 1,947.94
☐ The amount claimed is more than \$2,000. Enter the amount claimed here: \$ _____
Please attach any and all itemized bills, repair estimates, receipts, etc.
8. What are the name(s) of the County employee(s) whom you allege caused your injury, damage or loss, if known? Sheriff's Deputy group - some kind of Search team.
9. All notices and communications with regard to this claim will be directed to the Claimant shown in lines 1 and 2 above.

I/WE, the undersigned, declare under penalty of perjury that I/WE have read the foregoing claim for damages and know the contents thereof; that the same is true of my/our own knowledge and belief, save and except as to those matters wherein stated on information and belief, and as to them, I/WE believe to be true.

Steven K. Morales
Claimant Printed Name

Steven K. Morales
Claimant Signature

3/20/2012
Date Signed

PLEASE SEE REVERSE SIDE FOR WARNING.

CARMEL J. ANGELO
Chief Executive Officer
Clerk of the Board



**COUNTY OF MENDOCINO
BOARD OF SUPERVISORS**

CONTACT INFORMATION
501 Low Gap Road • Room 1010
Ukiah, California 95482
TELEPHONE: (707) 463-4221
FAX: (707) 463-7237
Email: bos@co.mendocino.ca.us
Web: www.co.mendocino.ca.us/bos

Steven K. Morales
1415 Alayssa Drive
Idaho Falls, ID 83402

Dear Mr. Morales:

PLEASE TAKE NOTICE that the claim you presented to the County of Mendocino on March 5, 2012, is hereby returned to you as insufficient. Your claim fails to comply with the provisions required by Government Code §910, specifically, the claim fails to state the date of the occurrence or transaction which gave rise to the claim being asserted.

No action will be taken on your claim unless you file an amended claim in conformance with the Government Code within six months after the accrual of the cause of action.

Very truly yours,

COUNTY OF MENDOCINO
BOARD OF SUPERVISORS

Dated: 3/7/12

By: *Carmel J. Angelo*
Carmel J. Angelo, Clerk

CA/cb

cc: County Counsel
Risk Manager

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