

PM 102723

Yee

LIABILITY CLAIM FORM

RETURN SIGNED CLAIM FORM TO:

Clerk of the Board
County of El Dorado
330 Fair Lane
Placerville, CA 95667



EDC BOS RCVD
NOV 12 2023 AM 10:18

DO NOT WRITE IN THIS SPACE
(BOARD OF SUPERVISOR'S DATE STAMP)

Name of Claimant:

De Anna Yee

Email:

o

Claimant's Mailing Address:

[Redacted]

Telephone (Work/Cell):

o

*Social Security Number:

[Redacted]

Claimant's Physical Address: (If different than mailing)

same

*If any portion of your claim is for bodily injury, this information is required to comply with Federal Medicare Reporting Requirements. Settlement will be delayed or prevented without this information.

Where would you like notices sent? (Include name and address if Attorney, Insurance Company or Other)

- Claimant
- Attorney
- Insurance
- Other

When did Damage or Injury occur?

DATE: *2-13-1922*

TIME: *9:00*

AM

PM

Where did Damage or Injury occur?

[Redacted]

How did Damage or Injury occur? (Give full details - use extra sheet if necessary)

*My Green House was cut in half by Wayne Scuitto
To supposedly bring to Code*

What particular act or omission on the part of El Dorado County employees caused the Injury or Damage?

*I was informed from County employee, Wayne Scuitto, my green House
was fire felt to long and not up to Code.
He offered to fix this problem but never completed.*

The County will report any payment made on this claim on an IRS form 1099-MISC. No payment will be made without the information furnished on the attached Payee Data Record. Disposition of the claim will rely solely on its merits and the furnishing of any form or other information will not ensure payment.

23.00153

CLAIM NUMBER (For Clerk's Use Only)

What is the name of the El Dorado County employee who caused the Injury or Damage?

Wayne Sciutto - Code Enforcement Officer

What Damage or Injury do you claim resulted?

Loss of Use
Structure unsafe to work in
I enjoyed growing my plants and spending time in this building
I am not able to do that now

Amount of this claim is:

Under \$10,000

\$10,000-\$25,000

Over \$25,000

If the amount you are claiming is under \$10,000, state the amount of the claim, including the estimated amount of any prospective injury, damage, or loss, as it may be known at this time. (Explain your calculation and attach bills or documents.)

Other Details?

See Photo That ^{is} Nick Heuer File
I payed to Wayne Sciutto:
New Wood — \$ 300.
Gas — 100.
Work here — 600.
\$ 1,000.⁰⁰

Names and Addresses of Witnesses, Doctors and/or Hospitals:

Nick Heuer
Shawn Harwood
Jay Roberts

DeAnna Yee
Wayne Sciutto

Claimant's Signature:

DeAnna Yee

Date:

10/26/23

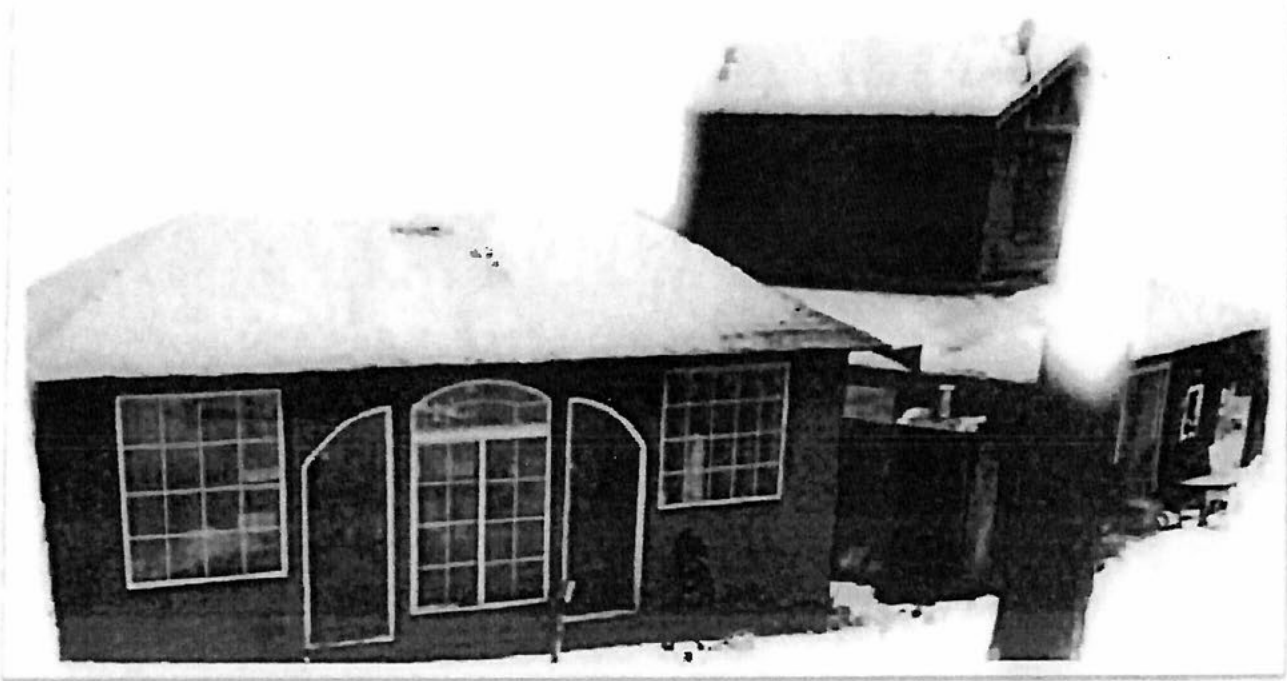
Take Notice:

Section 72 of the Penal Code provides:

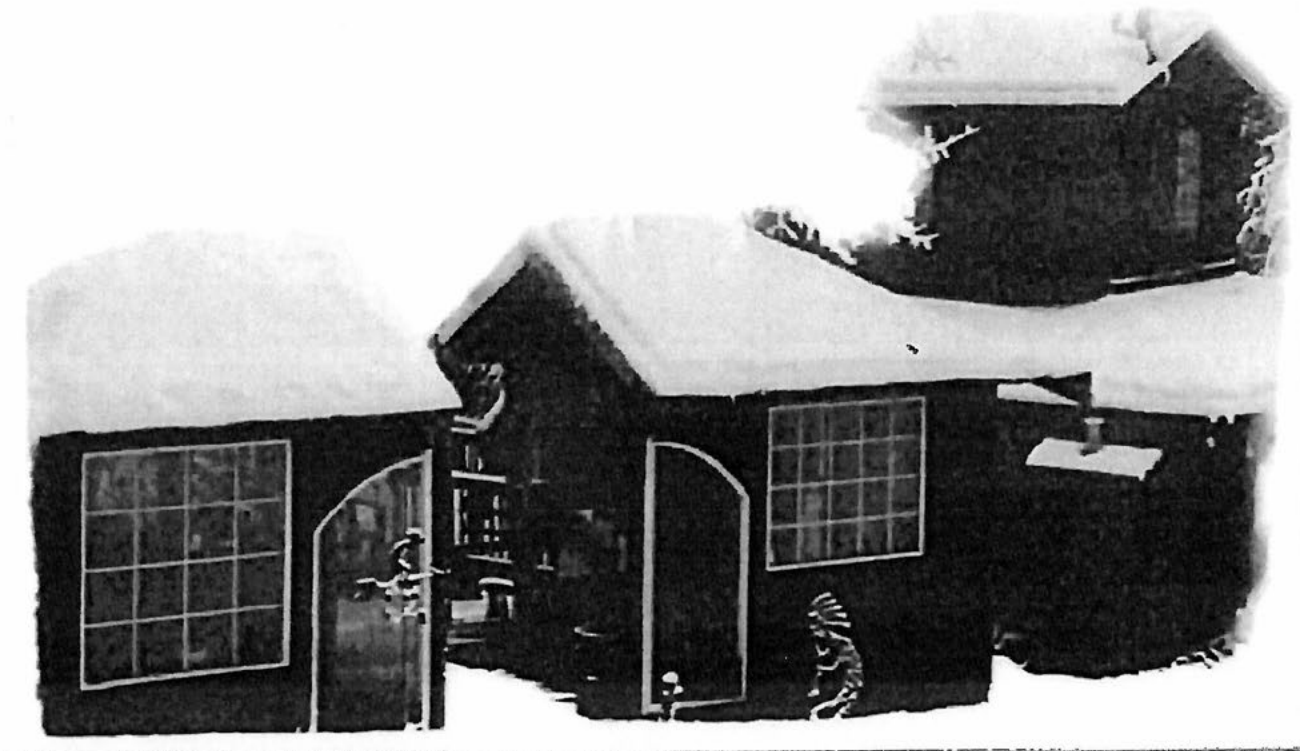
"Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city, or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable... as a felony."

DeAnna Yee

BEFORE:



AFTER:



COUNTY OF EL DORADO

330 Fair Lane
Placerville, CA 95667
(530) 621-5390
(530) 622-3645 Fax

KIM DAWSON
Clerk of the Board



BOARD OF SUPERVISORS

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Liability Claim Against the County of El Dorado

In response to your request, please find a Liability Claim Form for your use in filing a claim against the County of El Dorado. The following information will assist you in meeting the minimum legal requirements set forth in the Government Code. You must file the claim form, by mail or in person, with The Clerk of the Board of Supervisors, 330 Fair Lane, Placerville, CA 95667 within the time limits prescribed by Government Code Section 911.2 which states:

“A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented as provided in Article 2 (Commencing with Section 915) of this chapter not later than six months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented as provided in Article 2 (commencing with Section 915) of this chapter not later than one year after the accrual of the cause of action.” If you are filing your claim after the six month filing period, you must explain to the County your reason(s) for the delay. This is called an Application for Leave to Present a Late Claim (see Government Code Section 911.4). There is no application form. The application is made in the form of a letter with the proposed claim attached. The County will consider the application in accordance with Government Code Section 911.6 and will consider the merits of the claim only if the Application for Leave to Present a Late Claim has been accepted. The application is deemed denied by operation of law 45 days after its presentation without further notice unless the County chooses to send formal notice of denial prior to that time.

While the claim form is intended to request information in a manner which will satisfy the content requirement of Government Code section 910, you are strongly encouraged to make yourself aware of the law applying to the filing of a claim against a public entity. If the information supplied on the claim form is incomplete or does not meet the legal requirements, it may be returned without action as insufficient (Government Code section 910.8).

If you are insured against the particular type of damage you are claiming, your carrier should be notified of the damage as soon as possible in order to protect your right to recover under your insurance policy. Similarly, all alternative sources of recovery, such as disaster or other relief and assistance funds should be applied for without delay because of limited filing periods.

Neither referral of your complaint to Risk Management or the Board of Supervisors by any other division or department of the County, the furnishing of a claim form by the County, nor the County's acceptance of a filed claim should be construed as an admission of liability on the part of the County or any of its employees.

SACRAMENTO CA

27 OCT 2023 PM

County of El Dorado
330 Fair Lane
Placerville, Ca. 95667

To Claim Dept.

95667-410330

