HD 1-19-23 Nicholson

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
JAN 19 2023 PM4:12

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

Name of Claimant: Jacob Nicholson	**Claimant's Mailing Address:** [redacted]
Email:	
Telephone (Home):	
Telephone (Work/Cell): [redacted]	**Claimant's Physical Address:** (If different than mailing)
***Social Security Number:** [redacted]	
***Claimant's Date of Birth:** [redacted] ***Gender:** ☒ M ☐ F	
Driver's License Number: [redacted]	

*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

William A. Deitchman, Esq.
[redacted]

When did Damage or Injury occur?

DATE: August 21, 2022 **TIME:** 01:48 ☐ AM ☒ PM

Where did Damage or Injury occur?
On Mount Aukum Road approximately 6 feet South of Moon-Shadow, El Dorado County, California.

How did Damage or Injury occur? (Give full details – use extra sheet if necessary)
Jacob Nicholson was driving a 1999 Lincoln Town Car on northbound Mount Aukum Road when a 2016 Ford Explorer, operated by Mark Charles Utterback and traveling southbound Mount Aukum Road, negligently crossed the double yellow centerline and entered northbound Mount Aukum Road. Mr. Utterback tried to correct and Mr. Nicholsn tried to avoid the collision but were unsuccessful. The Ford vehicle struck the Lincoln vehilce at a high rate of speed. Mr. Nicholson and his passengers, Caitlyn Nicholson, and Lyle Nicholson, suffered serious bodily injuries. Mr. Utterback caused this collision in violation of California Vehicle Code section 21460(a).

What particular act or omission on the part of El Dorado County employees caused the Injury or Damage?
El Dorado County and its employees were negligent; the acts were the legal (proximate) cause of injuries and damages to Jacob Nicholson, Caitlyn Nicholson, and Lyle Nicholson. Mark Charles Utterback operated the 2016 Ford Explorer. El Dorado County employed Mark Charles Utterback who operated the 2016 Ford Explorer in the course of his employment. El Dorado County owned the 2016 Ford Explorer vehicle. El Dorado County entrusted the 2016 Ford Explorer to Mark Charles Utterback.

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.

23.00008
CLAIM NUMBER (For Clerk's Use Only)

CF (REV 03/15)

~~ COMPLETE BOTH SIDES ~~

What is the name of the El Dorado County employee who caused the Injury or Damage?
Mark Charles Utterback, El Dorado County Sheriff Deputy.

What Damage or Injury do you claim resulted?
Serious bodily injury including headache, chest pain, left shoulder injury, left hand injury, neck and back injury. Ambulance to emergency room, family doctor and physical therapy. Past and future medical expenses to be determined. Loss of income and lost earning capacity to be determined. General damages of physical pain, mental suffering, and emotional distress.

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?

Names and Addresses of Witnesses, Doctors and/or Hospitals:
Jacob Nicholson, Caitlyn Nicholson, Lyle Nicholson, [redacted]
Mark Charles Utterback, El Dorado County Sheriff, 200 Industrial Dr, Placerville, CA 95667
Cameron Dent, CHP, 3031 Lo Hi Way, Placerville, CA 95667
El Dorado County EMS, 2900 Fairlane Court Placerville, CA 95667
Marshall Medical Center, 1100 Marshall Way, Placerville, CA 95667

Claimant's Signature: [signature]

Date: 01/17/2023

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."

County of El Dorado
OFFICE OF AUDITOR-CONTROLLER

360 FAIR LANE
PLACERVILLE, CALIFORNIA 95667
Phone: (530) 621-5487 FAX: (530) 295-2535

JOE HARN, CPA
Auditor-Controller

BOB TOSCANO
Assistant Auditor-Controller

PAYEE DATA RECORD

(Required in lieu of IRS W-9 when receiving payment from the County of El Dorado) Version: April 2014

PAYEE DATA RECORD

INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the address shown at the bottom of this page. Prompt return of the **fully completed** form will prevent delays in processing payments. Information provided in this form will be used by the County of El Dorado to prepare Information Returns (Forms 1099), for withholding on payments to nonresident payees, and for reporting to the Employment Development Department (EDD).

NAME AND ADDRESS

Name (as shown on your income tax return)
William A. Deitchman

Business name/Doing business as/Disregarded entity name, if different from above
Deitchman & Deitchman

Physical address (number, street, and apt. or suite)	Remittance address (if different than physical)
[redacted]	
City, state, zip code	City, state, zip code
[redacted]	[redacted]
Phone number	Fax number (optional)	Email (optional)
[redacted]		

FEDERAL TAX CLASSIFICATION & EXEMPTIONS

Check appropriate federal tax classification

(●) Individual / sole proprietor ( ) Partnership ( ) Trust / estate ( ) Other (see instructions) ▶ ____

( ) C Corporation ( ) S Corporation If you are a corporation, do you provide legal or medical services? ( ) Yes ( ) No

( ) Limited liability company. Enter the tax classification (C=C Corporation, S=S Corporation, P=Partnership) ____

NOTE: IF YOU ARE A SINGLE MEMBER LLC (DISREGARDED ENTITY), ENTER THE TAX CLASSIFICATION OF THE OWNER IDENTIFIED ON THE NAME LINE.

Exempt payee code (if any) – see instructions ____ Exemption from FATCA reporting code (if any) – see instructions ____

TAX IDENTIFICATION NUMBER

Tax identification number (TIN)

Enter your TIN in the appropriate box. If you are an individual or sole proprietor, you must enter your SSN. You may choose to provide your EIN in addition to, but not instead of, the SSN. Single member LLCs (disregarded entities) must enter the TIN of the owner identified on the Name line.

Social Security Number
[redacted]

Employer Identification Number
[redacted]

RESIDENCY STATUS

Check appropriate box for residency status

(●) California resident / exempt from nonresident withholding – qualified to do business in California or maintains a permanent place of business in California (attach CA Form 590)

( ) California nonresident (see instructions)

NOTE: Payments to California **nonresidents** for services performed in California and for certain rents derived from properties located in California that exceed $1,500 in a calendar year will be subject to 7% nonresident withholding unless you have obtained a waiver or have been approved for reduced withholding by the Franchise Tax Board. There is no withholding on payments for product and for services performed outside of California.

☐ Obtained Franchise Tax Board waiver of State withholding (attach a copy if applicable)

☐ Obtained Franchise Tax Board approval for reduced withholding (attach a copy if applicable)

California sales tax permit number
(required only for California nonresident vendors that charge California sales tax)

CERTIFICATION

Under penalties of perjury, I certify that:
1) the TIN shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) **and**
2) I am not subject to backup withholding **and** **3)** I am a U.S. citizen or other U.S. person **and** **4)** the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Authorized Payee Representative's Name (Type or Print)		**Title**
William A. Deitchman		Attorney
Signature	**Date**	**Telephone**
[signature]	01/17/2023	[redacted]

Should my residency status or any other information provided above change, I will promptly notify County of El Dorado at the address listed above.

RETURN FORM TO

Please return completed form to:

Department/office:	
Mailing address:	

Phone:		**Fax:**		**Email:**	