## LIABILITY CLAIM FORM

## **RETURN SIGNED CLAIM FORM TO:**

Clerk of the Board County of El Dorado 330 Fair Lane



JAN 19 2023 9x4:13

DO NOT WRITE IN THIS SPACE

Placerville, CA 95667				(BOARD OF SUPERVISOR'S DATE STAMP)			
Name of Claimant: Caitlyn Nicholson				Claimant's Mailing Address:			
2000 2000							
Email:							
Telephone (Home):							
Telephone (Work/Cell):	Claimant's Physical Address: (If different than mailing)						
*Social Security Number:							
*Claimant's Date of Birth:	*Gender:	M	⊠F				
Driver's License Number:	35667935555			6			
				comply with Federal Medicare Reporting Requirements.  out this information.			
Where would you like notices sent? (Include							
☐ Claimant Wil	liam A, Deitc	hman,	Esq.				
✓ Attorney							
☐ Insurance		4 750					
☐ Other				-			
When did Damage or Injury occur?							
<b>DATE:</b> August 21, 2022		TII	VIE: 01	1:48			
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. Nicholson 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).							
Nicholson, and Lyle Nicholson, suffer			juries.				

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

What is the nar Mark Charles	ne of the El Dorado County employee w Utterback, El Dorado County She	tho caused the Injury or Dama riff Deputy.	ge?
Serious bodily right knee inju Past and futur	or Injury do you claim resulted? rinjury including headache, chest property. Ambulance to emergency room e medical expenses to be determineneral damages of physical pain,	n, family doctor, physical t ned. Loss of income and	herapy and massage therapy. lost earning capacity to be
Amount of this	claim is:	10 100	<u> </u>
	Under \$10,000	\$10,000-\$25,000	Over \$25,000
	ou are claiming is under \$10,000, state t ry, damage, or loss, as it may be known		
Other Details?			
Jacob Nichols Mark Charles Cameron Dent El Dorado Cou	resses of Witnesses, Doctors and/or Hoson, Caitlyn Nicholson, Lyle Nicholson, Utlerback, El Dorado County Shert, CHP, 3031 Lo Hi Way, Placervill Inty EMS, 2900 Fairlane Court Placal Center, 1100 Marshall Way, Pl	son, iff, 200 Industrial Dr, Plac le, CA 95667 icerville, CA 95667	erville, CA 95667
Claimant's Signa	ture:	(A) M (A) (A)	Date: 01/17/2023
"Every person			tate board or officer, or to any county, city, fraudulent claim, bill, account, voucher, or

CF (REV 03/15)

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).								
		n on your income t	ax return)						
w		Deitchman			T NAME OF THE PARTY OF THE PART				
SES				d entity name, if different fi	rom above				
90		n & Deitchma							
DA	Physical addres	s (number, street,	and apt. or s	suite)	Remittance address	(if different thai	n physical)		
AN				9		1			_
NAME AND ADDRESS	City, state, zip o	code			City, state, zip code				
Ž	Phone number			Fax number (optional	)		T .	- 3-36	-
	I Horse Harrises			Tax Hallison (optionis					
		cl	assification				1980		
FEDERAL TAX CLASSIFICATION & EXEMPTIONS	● Individual / sole proprietor ○ Partnership ○ Trust / estate ○ Other (see instructions) ○ 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 of	code (if any) - see	instructions	Exemption from	om FATCA reporting coo	de (if any) – see	instructions		
×.	Tax identification number (TIN)								
TAX IDENTIFICATI NUMBER	Tax identification number (TIN)  Social Security Number  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.								
	Check appropr	iate box for resid	ency status						100
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 walver 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 walver 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			3000 300			100 0 50	
				rs that charge California sa	eles 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.								
5	Authorized Pay	ee Representativ	e's Name (T	Type or Print)		Title			
E	William A.	Deitchman				Attorney	/		
핑	Signature		27		Date	Telephone			
	11/1/1/12				01/17/2023				
	Should my residency status or any other information provided above change, I will promptly notify County of El Dorado at the address							address	
200	listed above.	completed for	n to:		4-39				
RETURN FORM TO	Department/o				7 "	50 mm			0.50
₽₹	Mailing addre		-		- E	3700 - 300000	- 97	34	
문문	Phone:		Fax:	TE	mail:	1.00	30	- N C C C C C C C.	
1		122				25 47	22 B Dag	200	F 2