## LIABILITY CLAIM FORM

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

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



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

Name of Claimant: Lyle Nicholson		Claimant's Mailing Ad	ldress:	ğ				
Email: NA			u .					
Telephone (Home): NA								
Telephone (Work/Cell):		Claimant's Physical Ac	ldress: (If diff	erent than mailing)				
*Social Security Number:	0.88							
*Claimant's Date of Birth:	*Gender: M F							
Driver's License Number: N/A								
*If any portion of your claim is for bodily injury,	this information is required to c fill be delayed or prevented with		Reporting Req	uirements.				
Where would you like notices sent? (Include n			or Other)					
A CAMPAGNA	m A. Deitchman, Esq.							
✓ Attorney								
☐ Insurance								
☐ Other								
When did Damage or Injury occur?								
DATE: August 21, 2022	TIME: 01	:48	MA AM	<b>⊠</b> PM				
Where did Damage or Injury occur? On Mount Aukum Road approximately 6	feet South of Moon-S	hadow, El Dorado C	ounty, Cal	ifornia.				
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).								
What particular act or omission on the part of El Dorado County and its employees we and damages to Jacob Nicholson, Caitly the 2016 Ford Explorer. El Dorado Cour Explorer in the course of his employment Dorado County entrusted the 2016 Ford	re negligent; the acts was Nicholson, and Lyle ty employed Mark Chart. El Dorado County on the county of the coun	vere the legal (proxil Nicholson. Mark Charles Utterback who wned the 2016 Ford	mate) caus arles Utter operated t	back operated he 2016 Ford				

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.

CLAIM NUMBER (For Clerk's Use Only)

What is the name of the El Dorado County empl Mark Charles Utterback, El Dorado Count		nage?
What Damage or Injury do you claim resulted? Bruising and abrasion. Ambulance to eme be determined. General damages of physi		
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, prospective injury, damage, or loss, as it may be documents.)		
Other Details?		No. 21
Other Details:		
		,
Names and Addresses of Witnesses, Doctors and, Jacob Nicholson, Caitlyn Nicholson, Lyle N Mark Charles Utterback, El Dorado County Cameron Dent, CHP, 3031 Lo Hi Way, Pla	licholson, Sheriff, 200 Industrial Dr, Pla	cerville, CA 95667
El Dorado County EMS, 2900 Fairlane Cou Marshall Medical Center, 1100 Marshall W	urt Placerville, CA 95667	
Claimant's Signature:	3.5 2	Date: 01/17/2023
Take Notice: Section 72 of the Penal Code provides:		I.

"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).											lo to			
	Name (as s	hown on your inc	ome ta	ax return)											
o o		A. Deitchm													
S	Business name/Doing business as/Disregarded entity name, if different from above														
ĕ		nan & Deitc			72	835									
I V	Physical address (number, street, and apt. or suite)				Remitta	Remittance address (if different than physical)									
N N															
NAME AND ADDRESS	City, state, 2	City, state, zip code						City, state, zip code							
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k c	Phone num	ber			Fax number (opt	ionai)		Email (c	puonai	,					
	Check app	ropriate federal t	tax cla	ssification	on	<u>`</u>	****				_	-			
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FEDERAL TAX CLASSIFICATION & EXEMPTIONS	NOTE: IF YOU ARE A SINGLE MEMBER LLC (DISREGARDED ENTITY), ENTER THE TAX CLASSIFICATION OF THE OWNER IDENTIFIED ON THE NAME LINE.														
٥	Exempt payee code (if any) – see instructions Exemption from FATCA reporting code (if any) – see instructions														
No	Tax identification number (TIN)														
TAX IDENTIFICATION 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.														
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	Check appropriate box for residency status														
Sn	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)														
I.A.	California nonresident (see instructions)														
RESIDENCY STATUS	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 Fr	ranchis	se Tax Bo	ard approval for reduce	d withholding (a	ttach a copy if	applicable	e)						
		eles tax permit nu		on e					1				1870		
					ors that charge Californ	iia sales tax)							g.	-	
_	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														
CERTIFICATION	2) I arm 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.														
AS .	Authorized Payee Representative's Name (Type or Print)  Title														
Ĕ	William A. Deitchman								nov						
8							Attorney Telephone								
0	Signature Date Telephone 01/17/2023														
	Should my residency status or any other information provided above change, I will prompt							notify Co	ounty (	of El Do	rado a	t the	addre	ess.	
	listed above.										NOSTI OT				
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RETURN FORM TO	Mailing ad	aress:		Farm		Emp!l-									
	Phone:		- 1	Fax:		Email:	1		0.700						