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LAW OFFICE OF DUNCAN M. JAMES

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P. O. BOX 1381
445 NORTH STATE STREET
UKIAH, CALIFORNIA 95482
(707) 468-9271

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lawoffice@duncanjames.com

November 22, 2016

City Clerk's Office
City of Fort Bragg
416 N. Franklin Street
Fort Bragg, CA 95437

Re: Weslie Hall

Dear City Clerk:

Enclosed please find an original and one (1) copy of a *Claim for Money Damages Against the City of Fort Bragg*. Please file the original, and return a conformed copy in the envelope provided.

Call if you have any questions. Thank you.

Very truly yours,



DOUGLAS L. LOSAK

DLL/kab
Encls.

RECEIVED

NOV 28 2016

**CITY OF FORT BRAGG
CITY CLERK**

File With:
City Clerk's Office
City of Fort Bragg
416 N. Franklin Street
Fort Bragg, CA 95437

**CLAIM FOR MONEY OR
DAMAGES AGAINST THE
CITY OF FORT BRAGG**

RESERVE FOR FILING STAMP

CLAIM NO. _____

RECEIVED

NOV 28 2016

**CITY OF FORT BRAGG
CITY CLERK**

Weslie H

A claim must be presented, as prescribed by the Government Code of the State of California, by the claimant or a person acting on his/her behalf and shall show the following:

If additional space is needed to provide your information, please attach sheets, identifying the paragraph(s) being answered.

1. Name and Post Office address of the Claimant:

Name of Claimant: Weslie Hall

Post Office Address: _____

2. Post Office address to which the person presenting the claim desires notices to be sent:

Name of Addressee: Law Office of Duncan James Telephone: (707) 468-9271

Post Office Address: 445 N. State St., Ukiah CA 95482

3. The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted.

Date of Occurrence: October 9, 2016

Time of Occurrence: _____

Location: Glass Beach, Fort Bragg CA

Circumstances giving rise to this claim: Walking down stairs down to beach, tripped and fell, foot caught

4. General description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of the presentation of the claim.

Compound fracture, shattered ankle, lost wages, medical bills, pain and suffering and other damages unknown at this time.

5. The name or names of the public employee or employees causing the injury, damage, or loss, if known.

Unknown at this time

6. **If amount claimed totals less than \$10,000:** The amount claimed if it totals less than ten thousand dollars (\$10,000) as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed.

Amount Claimed and basis for computation:

If amount claimed exceeds \$10,000: If the amount claimed exceeds ten thousand dollars (\$10,000), no dollar amount shall be included in the claim. However, it shall indicate whether the claim would be a limited civil case. A limited civil case is one where the recovery sought, exclusive of attorney fees, interest and court costs does not exceed \$25,000. An unlimited civil case is one in which the recovery sought is more than \$25,000. (See CCP § 86.)

Limited Civil Case

Unlimited Civil Case

You are required to provide the information requested above in order to comply with Government Code §910.

7. Claimant(s) Date(s) of Birth:

8. Name, address and telephone number of any witnesses to the occurrence or transaction which gave rise to the claim asserted:

9. If the claim involves medical treatment for a claimed injury, please provide the name, address and telephone number of any doctors or hospitals providing treatment:

If applicable, please attach any medical bills or reports or similar documents supporting your claim.

10. If the claim relates to an automobile accident:

Claimant(s) Auto Ins. Co.:

Telephone:

Address:

Insurance Policy No.:

Insurance Broker/Agent:

Telephone:

Address:

Claimant's Veh. Lic. No.:

Vehicle Make/Year:

Claimant's Drivers Lic. No.:

Expiration:

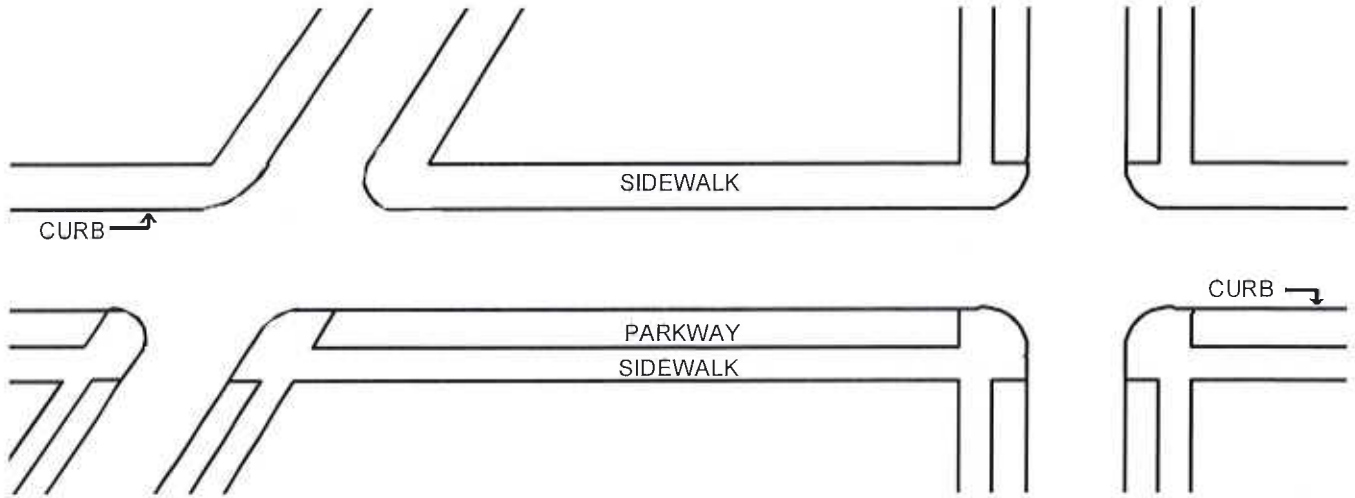
If applicable, please attach any repair bills, estimates or similar documents supporting your claim.

READ CAREFULLY

For all accident claims, place on following diagram name of streets, including North, East, South, and West; indicate place of accident by "X" and by showing house numbers or distances to street corners. If City/Agency Vehicle was involved, designate by letter "A" location of City/Agency Vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw

City/Agency Vehicle; location of City/Agency vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X."

NOTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by claimant.



Warning: Presentation of a false claim is a felony (Penal Code §72). Pursuant to CCP §1038, the City/Agency may seek to recover all costs of defense in the event an action is filed which is later determined not to have been brought in good faith and with reasonable cause.

Signature:

Weslie Hall

Date:

November 22, 2016