

AMENDED 12/14/2023

CLAIM FORM

NAME OF PUBLIC ENTITY: BURNLEY WATER DISTRICT	
CLAIMANT'S NAME: ALPING DRIVE INN	ADDRESS: 37148 HWY 299
SSN: OWNER GARY W. BARNETT	PHONE: 530-335-2211 CELL 503-602-2847
The post office address to which the person presenting the claim desires notices to be sent: 20107 BARTEL STREET, BURNLEY, CA 96013	
The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted: JULY 12th 2023 - BOIL WATER NOTICE ISSUED BY BURNLEY WATER DISTRICT / SHASTA CO. HEALTH DEPT.	
A general description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of presentation of the claim: THE ALPINE DRIVE INN WAS INFORMED TO CLOSE BUSINESS PRACTICES / FOOD PREPARATION DUE TO E-COLI	
The name or names of the public employee or employees causing the injury, damage, or loss, if known: FOUND IN THE BURNLEY WATER SYSTEM; NOTICE TO STOP BOILING WATER GIVEN JULY 26th TO RETURN TO WORK.	
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.	
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. SHASTA COUNTY CIVIL UNLIMITED	
SIGNATURES	
SIGNATURE OF CLAIMANT: Gary W. Barnett	DATE: 12/14/2023
SIGNATURE OF CLAIMANT REPRESENTATIVE:	DATE:
DATE RECEIVED BY ENTITY:	

RECEIVED DEC 15 2023

M. Ansel

# *Trusted Business Services*

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2400 Washington Ave Ste 410  
Redding, CA 96001  
530-605-0144 Office  
866-703-6618 Fax  
[darla@tbs.tax](mailto:darla@tbs.tax)

September 2, 2023

Re: Alpine Drive Inn  
37148 State Hwy 299E  
Burney, CA 96013  
Sales for July 13-26 2023

To Whom It May Concern:

I am the bookkeeper for Alpine Drive Inn in Burney, CA. July 13 through 26<sup>th</sup> the town of Burney had everyone boiling their water due to an Ecoli problem. The health dept for Shasta County required all restaurants to close their doors.

In July this business was open 18 days and the income from those days was \$37,695.83. If I average that amount it comes to \$2094.22 a day and times by the number of days they were forced to be closed the amount of loss of income comes to \$29,318.08. They also lost some of their inventory that was fresh and could not be saved for 14 days.

Please let me know if you need further information.

Sincerely,



Darla R Fraser, EA

**Non-voided Payment Type**

Full Month: Jul 2023

<b>PAYMENT TYPE</b>	<b>TRANSACTIONS</b>	<b>TOTAL PAYMENT</b>	<b>TOTAL TIP</b>	<b>TOTAL FILTERS</b>	
Card	885	\$21,674.36	\$1,572.73	\$23,247.09	▼
Cash	1011	\$16,021.47	\$0.00	\$16,021.47	▼
	<b>1896</b>	<b>\$37,695.83</b>	<b>\$1,572.73</b>	<b>\$39,268.56</b>	

**NOTICE OF INSUFFICIENCY OF CLAIM AND RETURN WITHOUT ACTION**

NAME OF ENTITY: <b>Burney Water District</b>	
TO: <b>Alpine Drive Inn</b>	DATE OF CLAIM: <b>11/20/2023</b>
<p>This is to advise you that your Claim has been reviewed, evaluated, and found to be deficient for the reason(s) circled below:</p> <ol style="list-style-type: none"> <li>1. The Claim fails to state the name and mailing address of the claimant.</li> <li>2. The Claim is not signed.</li> <li>3. The Claim fails to state the mailing address to which the person desires notices to be sent.</li> <li>4. The Claim does not provide enough information to determine when, where, and/or how the incident/accident occurred.</li> <li>5. The Claim does not provide enough information to determine what the loss, damage, or injury is.</li> <li>6. The Claim does not provide enough specific information to determine what, if anything, the public entity did or failed to do to create liability exposure.</li> <li>7. The Claim does not comply with Government Code 910(f) as to the amount sought or the court of appropriate jurisdiction.</li> <li>8. The Claim does not provide the name(s) of any of our employees who may be responsible for the incident/accident.</li> </ol> <p>The Claim will not be acted upon for fifteen (15) days from the date of this Notice to allow for your amendment of this Claim.</p>	
<p><b>WARNING: A Claim that is deficient or does not contain sufficient information, as required by law, may not be considered to have been filed in a timely manner and may prevent the prosecution of a lawsuit based on the incident/accident which is the subject of this Claim.</b></p>	
<p><b>PROOF OF SERVICE</b></p>	
<p>On <u>11/30/2023</u> (DATE), I served the within <b>NOTICE OF INSUFFICIENCY OF CLAIM</b> on the claimant by placing a true copy (Date) thereof enclosed in a sealed envelope in the outgoing mail addressed as requested by the claimant.</p>	
<p>I declare under penalty of perjury that the foregoing is true and correct. Executed at <u>Burney Water District</u> <u>Burney</u> (LOCATION), California, on <u>11/30/2023</u> (DATE).</p>	
<p>SIGNATURE: <b>David Zevely</b> Digitally signed by David Zevely Date: 2023.11.30 08:31:06 -08'00'</p>	<p>DATE: <b>11/30/2023</b></p>

NAME OF PUBLIC ENTITY: <b>BURNEY WATER DISTRICT</b>	
CLAIMANT'S NAME: <b>ALPINE DRIVE INN</b>	ADDRESS: <b>37148 HWY 299</b>
SSN: <b>OWNER</b> <b>GARY BARNETT</b>	PHONE: <b>530-335-2211</b> <b>CELL - 503-602-2847</b>
<b>BURNEY, CA 96013</b>	
The post office address to which the person presenting the claim desires notices to be sent:	
The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted: <b>JULY 12<sup>TH</sup> 2023 - BOIL WATER NOTICE ISSUED BY BURNEY WATER DISTRICT / SHASTA CO. HEALTH DEPARTMENT</b>	
A general description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of presentation of the claim: <b>THE ALPINE DRIVE INN WAS INFORMED TO CLOSE BUSINESS PRACTICES / FOOD PREPARATION DUE TO ECOLI FOUND IN THE BURNEY WATER SYSTEM. NOTICE TO STOP BOILING WATER GIVEN JULY 26<sup>TH</sup> TO RETURN TO WORK.</b>	
The name or names of the public employee or employees causing the injury, damage, or loss, if known:	
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.	
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. <b>\$29,318.08 INCOME LOSS</b>	
<b>SIGNATURES</b>	
SIGNATURE OF CLAIMANT: <b>Gary W. Barnett</b>	DATE: <b>11/20/23</b>
SIGNATURE OF CLAIMANT REPRESENTATIVE:	DATE:
DATE RECEIVED BY ENTITY:	

*M. Angel*

RECEIVED NOV 20 2023

# *Trusted Business Services*

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2400 Washington Ave Ste 410  
Redding, CA 96001  
530-605-0144 Office  
866-703-6618 Fax  
[darla@tbs.tax](mailto:darla@tbs.tax)

September 2, 2023

Re: Alpine Drive Inn  
37148 State Hwy 299E  
Burney, CA 96013  
Sales for July 13-26 2023

To Whom It May Concern:

I am the bookkeeper for Alpine Drive Inn in Burney, CA. July 13 through 26<sup>th</sup> the town of Burney had everyone boiling their water due to an Ecoli problem. The health dept for Shasta County required all restaurants to close their doors.

In July this business was open 18 days and the income from those days was \$37,695.83. If I average that amount it comes to \$2094.22 a day and times by the number of days they were forced to be closed the amount of loss of income comes to \$29,318.08. They also lost some of their inventory that was fresh and could not be saved for 14 days.

Please let me know if you need further information.

Sincerely,



Darla R Fraser, EA

**Non-voided Payment Type**

Full Month: Jul 2023

<b>PAYMENT TYPE</b>	<b>TRANSACTIONS</b>	<b>TOTAL PAYMENT</b>	<b>TOTAL TIP</b>	<b>TOTAL FILTERS</b>	
Card	885	\$21,674.36	\$1,572.73	\$23,247.09	▼
Cash	1011	\$16,021.47	\$0.00	\$16,021.47	▼
	<b>1896</b>	<b>\$37,695.83</b>	<b>\$1,572.73</b>	<b>\$39,268.56</b>	

CLAIM FORM

NAME OF PUBLIC ENTITY: Julios Grill	
CLAIMANT'S NAME Martha Barrera <sup>and Juan</sup> <del>Palmer</del>	ADDRESS: 37314 Main St Burney Ca 96013
SSN: Martha 624091183 Juan 626-731228	PHONE: 530 3560058 Juan 530 7444990
The post office address to which the person presenting the claim desires notices to be sent: 20601 Hudson St Burney Ca 96013	
The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted: 07-12-2023 thru 12-28-2023 Ecol. contamination in the water	
A general description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of presentation of the claim: business closed down 2 weeks Lost \$33,570 Thousands dollars	
The name or names of the public employee or employees causing the injury, damage, or loss, if known: Burney water District <sup>lost</sup> \$33,570	
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.	
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.	
<b>SIGNATURES</b>	
SIGNATURE OF CLAIMANT: Martha Barrera	DATE: 11-14-2023
SIGNATURE OF CLAIMANT REPRESENTATIVE:	DATE:
DATE RECEIVED BY ENTITY:	



To the Responsible at  
The Burney water

I'm Martha Barrera from  
Julios Grill

37314 Main St Burney CA  
96013 530 335 3338

or cell 530 356 0058

I sending you this documents  
To file a claim for the period  
we being shut off do it to  
Ecoli please send me the documents  
necessary with your information to  
Do this claim here is my  
IRS number if you need it  
#85-35-71499

Thank you Martha Barrera 9-12-2023

11:09 AM  
09/02/23  
Cash Basis

Julios Grill  
Transaction Detail By Account  
July 2023

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Type	Date	Credit	Balance
<b>Food Sales</b>			
Sales Receipt	07/01/2023	1,891.86	1,891.86
Sales Receipt	07/02/2023	3,015.09	4,906.95
Sales Receipt	07/03/2023	2,752.08	7,659.03
Sales Receipt	07/05/2023	1,780.75	9,439.78
Sales Receipt	07/06/2023	2,012.19	11,451.97
Sales Receipt	07/07/2023	1,319.42	12,771.39
Sales Receipt	07/08/2023	1,986.19	14,757.58
Sales Receipt	07/09/2023	2,168.39	16,925.97
Sales Receipt	07/10/2023	2,553.01	19,478.98
Sales Receipt	07/11/2023	1,924.25	21,403.23
Sales Receipt	07/12/2023	1,141.82	22,545.05
Sales Receipt	07/26/2023	1,831.48	24,376.53
Sales Receipt	07/27/2023	1,887.29	26,263.82
Sales Receipt	07/28/2023	2,150.33	28,414.15
Sales Receipt	07/29/2023	1,417.35	29,831.50
Sales Receipt	07/30/2023	2,244.14	32,075.64
Sales Receipt	07/31/2023	1,502.67	33,578.31
Total Food Sales		33,578.31	33,578.31
<b>TOTAL</b>		<b>33,578.31</b>	<b>33,578.31</b>

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# *Trusted Business Services*

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691 Maraglia Street Ste B  
Redding, CA 96002  
530-605-0144 Office  
866-703-6618 Fax  
[darla@tbs.tax](mailto:darla@tbs.tax)

September 2, 2023

Re: Julio's Grill  
37314 Main St.  
Burney, CA 96013  
Sales for July 13-26 2023

To Whom It May Concern:

I am the bookkeeper for Julios Grill in Burney, CA. July 13 through 26<sup>th</sup> the town of Burney had everyone boiling their water due to an Ecoli problem. The health dept for Shasta County required *all restaurants to close their doors.*

In July this business was open 17 days and the income from those days was \$33,578.31. If I average that amount it comes to \$1975.20 a day and times by the number of days they were forced to be closed the amount of loss of income comes to \$27,652.80. They also lost some of their inventory that was fresh and could not be saved for 14 days.

Please let me know if you need further information.

Sincerely,



Darla R Fraser, EA

STATE OF CALIFORNIA  
GOVERNMENT CLAIM

<b><u>Name:</u></b>	Kira Bamford
<b><u>Address:</u></b>	37372 Highway 299 E #2 Burney, CA 96013
<b><u>Name and address for notices:</u></b>	TIMOTHY D. McGONIGLE PROF. CORP. 1880 Century Park East, Suite 516 Los Angeles, California 90067
<b><u>Date, location, and circumstances surrounding claim:</u></b>	July 12, 2023 Shasta County E Coli Outbreak in Burney Water District 20222 Hudson St, Burney, CA 96013
<b><u>A general description of your indebtedness, injuries, damages, or losses incurred:</u></b>	General damages including, but not limited to, emotional distress, digestive problems, and out of pocket expenses. The full extent of Claimant's damages are unknown at this time and subject to proof. Claimant suffered these damages as a result of using the contaminated water from the Burney Water District in her home residences at 37372 Highway 299 E #2, Burney CA 96013.
<b><u>Limited or Unlimited Case:</u></b>	Unlimited Case (exact damages are unknown at this time)

**Date:** 1/2/2024

**Signature of Parent or  
Legal Guardian of Claimant:**

DocuSigned by:  
*Kira Bamford*  
7827C052B01942B...

STATE OF CALIFORNIA  
GOVERNMENT CLAIM

<b><u>Name:</u></b>	Klearwater Bamford
<b><u>Address:</u></b>	37372 Highway 299 E #2 Burney, CA 96013
<b><u>Name and address for notices:</u></b>	TIMOTHY D. McGONIGLE PROF. CORP. 1880 Century Park East, Suite 516 Los Angeles, California 90067
<b><u>Date, location, and circumstances surrounding claim:</u></b>	July 12, 2023 Shasta County E Coli Outbreak in Burney Water District 20222 Hudson St, Burney, CA 96013
<b><u>A general description of your indebtedness, injuries, damages, or losses incurred:</u></b>	General damages including, but not limited to, emotional distress, digestive problems, and out of pocket expenses. The full extent of Claimant's damages are unknown at this time and subject to proof. Claimant suffered these damages as a result of using the contaminated water from the Burney Water District in her home residences at 37372 Highway 299 E #2, Burney CA 96013.
<b><u>Limited or Unlimited Case:</u></b>	Unlimited Case (exact damages are unknown at this time)

**Date:** 1/2/2024

**Signature of Parent or  
Legal Guardian of Claimant:**

DocuSigned by:  
*Lavon Bamford*  
7827C052B01942B...

STATE OF CALIFORNIA  
GOVERNMENT CLAIM

<b><u>Name:</u></b>	Lavon Bamford
<b><u>Address:</u></b>	37372 Highway 299 E #2 Burney, CA 96013
<b><u>Name and address for notices:</u></b>	TIMOTHY D. MCGONIGLE PROF. CORP. 1880 Century Park East, Suite 516 Los Angeles, California 90067
<b><u>Date, location, and circumstances surrounding claim:</u></b>	July 12, 2023 Shasta County E Coli Outbreak in Burney Water District 20222 Hudson St, Burney, CA 96013
<b><u>A general description of your indebtedness, injuries, damages, or losses incurred:</u></b>	General damages including, but not limited to, emotional distress, digestive problems, and out of pocket expenses. The full extent of Claimant's damages are unknown at this time and subject to proof. Claimant suffered these damages as a result of using the contaminated water from the Burney Water District in her home residences at 37372 Highway 299 E #2, Burney CA 96013.
<b><u>Limited or Unlimited Case:</u></b>	Unlimited Case (exact damages are unknown at this time)

**Date:** 1/2/2024

**Signature of Claimant:**  DocuSigned by:  
Lavon Bamford  
7827C052B01942B...

STATE OF CALIFORNIA  
GOVERNMENT CLAIM

<b><u>Name:</u></b>	Khloe Disch
<b><u>Address:</u></b>	1415 Mishka Court Apt #1, Redding CA 96003
<b><u>Name and address for notices:</u></b>	TIMOTHY D. McGONIGLE PROF. CORP. 1880 Century Park East, Suite 516 Los Angeles, California 90067
<b><u>Date, location, and circumstances surrounding claim:</u></b>	July 12, 2023 Shasta County E Coli Outbreak in Burney Water District 2022 Hudson St, Burney, CA 96013
<b><u>A general description of your indebtedness, injuries, damages, or losses incurred:</u></b>	General damages including, but not limited to, emotional distress, digestive problems, and out of pocket expenses. The full extent of Claimant's damages are unknown at this time and subject to proof. Claimant suffered these damages as a result of using the contaminated water from the Burney Water District in her home residences at 1415 Mishka Court Apt #1, Redding CA 96003.
<b><u>Limited or Unlimited Case:</u></b>	Unlimited Case (exact damages are unknown at this time)

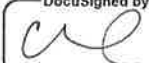
**Date:** 12/29/2023

**Signature of Parent or  
Legal Guardian of Claimant:**

DocuSigned by:  
  
AA8BA95CFCCC405...

STATE OF CALIFORNIA  
GOVERNMENT CLAIM

<b><u>Name:</u></b>	Artensia Eaton
<b><u>Address:</u></b>	950 West St. Apt. #3 Redding 96001
<b><u>Name and address for notices:</u></b>	TIMOTHY D. McGONIGLE PROF. CORP. 1880 Century Park East, Suite 516 Los Angeles, California 90067
<b><u>Date, location, and circumstances surrounding claim:</u></b>	July 12, 2023 Shasta County E Coli Outbreak in Burney Water District 20222 Hudson St, Burney, CA 96013
<b><u>A general description of your indebtedness, injuries, damages, or losses incurred:</u></b>	General damages including, but not limited to, emotional distress, digestive problems, and out of pocket expenses. The full extent of Claimant's damages are unknown at this time and subject to proof. Claimant suffered these damages as a result of using the contaminated water from the Burney Water District in her home residences at 1415 Mishka Court Apt #1, Redding CA 96003. Claimant incurred a loss of income of about \$1,100.
<b><u>Limited or Unlimited Case:</u></b>	Unlimited Case (exact damages are unknown at this time)

**Date:** 1/2/2024**Signature of Claimant:**DocuSigned by:  
  
7E403394B59F463...




STATE OF CALIFORNIA  
GOVERNMENT CLAIM

<b><u>Name:</u></b>	Tammy Falin
<b><u>Address:</u></b>	20166 Arrowood St. Burney CA 96013
<b><u>Name and address for notices:</u></b>	TIMOTHY D. MCGONIGLE PROF. CORP. 1880 Century Park East, Suite 516 Los Angeles, California 90067
<b><u>Date, location, and circumstances surrounding claim:</u></b>	July 12, 2023 Shasta County E Coli Outbreak in Burney Water District 20222 Hudson St, Burney, CA 96013
<b><u>A general description of your indebtedness, injuries, damages, or losses incurred:</u></b>	General damages including, but not limited to, emotional distress, digestive problems, and out of pocket expenses. The full extent of Claimant's damages are unknown at this time and subject to proof. Claimant suffered these damages as a result of using the contaminated water from the Burney Water District in her home residences at 20166 Arrowood St. Burney CA 96013.
<b><u>Limited or Unlimited Case:</u></b>	Unlimited Case (exact damages are unknown at this time)

**Date:** 1/2/2024

**Signature of Claimant:**

DocuSigned by:  
  
10363DB8F49846F...

STATE OF CALIFORNIA  
GOVERNMENT CLAIM

<b><u>Name:</u></b>	Jack Falls-Rock
<b><u>Address:</u></b>	36968 Park Avenue Unit H, Burney CA 96013
<b><u>Name and address for notices:</u></b>	TIMOTHY D. McGONIGLE PROF. CORP. 1880 Century Park East, Suite 516 Los Angeles, California 90067
<b><u>Date, location, and circumstances surrounding claim:</u></b>	July 12, 2023 Shasta County E Coli Outbreak in Burney Water District 20222 Hudson St, Burney, CA 96013
<b><u>A general description of your indebtedness, injuries, damages, or losses incurred:</u></b>	General damages including, but not limited to, emotional distress, digestive problems, and out of pocket expenses. The full extent of Claimant's damages are unknown at this time and subject to proof. Claimant suffered these damages as a result of using the contaminated water from the Burney Water District in her home residences at 36968 Park Avenue Unit H Burney CA, 96013.
<b><u>Limited or Unlimited Case:</u></b>	Unlimited Case (exact damages are unknown at this time)

**Date:** January 4, 2024

**Signature of Claimant:**





**County of Shasta – State of California  
CLAIM FORM**

Return this form to:  
Shasta County - Clerk of the Board  
1450 Court Street, Suite 308B  
Redding, California 96001-1676

Claims pursuant to the Government Claims Act (Govt. Code §§810 et seq.) and Shasta County Code Chapter 2.90, or amendments to such claims, are placed in the Clerk's public access file, and forwarded to Shasta County Risk Management

**1. CLAIMANT INFORMATION**

- a. Name: (Last) Falls Rock (First) Jack (Middle Initial) \_\_\_\_\_
- b. Home Address:  
(Street) 36968 Park Avenue Unit H  
(City) Burney (State) CA (Zip Code) 96013  
Mailing Address (if different than Home Address above):  
(Street) 880 Century Park East, Suite 516 (City) Los Angeles (State) CA (Zip Code) 90067
- c. Phone Number: 5419731155
- d. Date of Birth: (Month) 02 (Day) 01 (Year) 1957

**2. CLAIM DETAILS**

- a. Date of Incident: July 12, 2023
- b. Time of Incident: (Hour) \_\_\_\_\_ (Minutes) \_\_\_\_\_ AM / PM (circle one)
- c. Date/Time you first had knowledge of the incident:  
July 12, 2023
- d. Fully describe how loss/injury/damage occurred (attach additional pages as needed):  
General damages including, but not limited to, emotional distress, digestive problems, and out of pocket expenses. The full extent of Claimant's damages are unknown at this time and subject to proof. Claimant suffered these damages as a result of using the contaminated water from the Burney Water District in her home residences at 36968 Park Avenue Unit H Burney CA, 96013.
- e. Have you made a claim with anyone else? Yes /  NO  
Details: \_\_\_\_\_
- f. Has anyone made a claim on you? Yes /  NO  
Details: \_\_\_\_\_

**3. GENERAL INFORMATION**

- a. Name, address and telephone number of witnesses:  
N/A
- b. Did Law Enforcement respond? Yes /  No  
Details: \_\_\_\_\_  
Report Number (attach a copy if available): \_\_\_\_\_
- c. Do you feel any other party contributed to causing claimed loss/injury/damage?  Yes / No  
Details: Burney Water District  
Name/Address/Phone: Burney Water District; 20222 Hudson St. Burney, CA 96013; (530) 335-3582
- d. Have you ever been involved in a similar incident with similar circumstances? Yes /  No  
Details: \_\_\_\_\_
- e. Explain why you feel Shasta County is responsible for claimed loss/injury/damage:  
Burney Water District is a public entity of Shasta County
- f. Are you aware of any defect in your equipment and/or property that gave rise to this incident? Yes /  No Details: \_\_\_\_\_

**4. INJURED PERSON(S) DETAILS**

Was anyone injured?  Yes / No

- i. Name of injured party(s) (additional pages as needed):  
(Last) Falls-Rock (First) Jack (Middle Initial) \_\_\_\_\_
- ii. Address: (Street) 36968 Park Avenue Unit H,  
(City) Burney (State) CA (Zip Code) 96013
- iii. Phone Number: 5419731155
- iv. Date of Birth: 02/01/1957
- v. Injury Details: Jack experienced severe digestive injuries
- vi. Was the injured party seen by a physician? Yes /  No  
Physician's Name: \_\_\_\_\_  
Physician's Address: \_\_\_\_\_
- vii. Amount claimed for Injury: \$ \_\_\_\_\_ (attach billing documentation)

**5. PROPERTY DAMAGE DETAILS**

Was any property damaged? Yes /  No

- i. Name of property owner(s) (additional pages as needed):  
(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_
- ii. Address: (Street) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_
- iii. Phone Number: \_\_\_\_\_
- iv. Damage Details: \_\_\_\_\_

- v. Have repairs been effected? Yes / No
- vi. Amount claimed for Property Damage: \$ \_\_\_\_\_ (attach bills or two estimates)

**6. AUTOMOBILE DAMAGE DETAILS**

Were any vehicles damaged? Yes /  No

- i. Name of vehicle owner(s) (additional pages as needed):  
 (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_
- ii. Address: (Street) \_\_\_\_\_  
 (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_
- iii. Phone Number: \_\_\_\_\_
- iv. Lienholder? Yes / No (Name) \_\_\_\_\_
- v. Damage Details: \_\_\_\_\_
- vi. Have vehicle repairs been effected? Yes / No
- vii. Amount claimed for Vehicle Damage: \$ \_\_\_\_\_ (attach bills or two estimates)

**7. DECLARATION**

**Please Note: Presentation of a false claim with intent to defraud is a criminal offense (Penal Code section 72).**

Every person who, with intent to defraud, presents for allowance or payment any false or fraudulent claim against Shasta County is guilty of a felony. (See California Penal Code §72).

I declare under penalty of perjury that the amount of this claim covers only injuries and/or damages caused by the incident above-described and that the forgoing is true and correct.

*Tom McBird*

\_\_\_\_\_  
**Signature of Claimant**

January 4, 2024

\_\_\_\_\_  
**Date**

## INSTRUCTIONS TO CLAIMANTS

In order that your claim for damages may receive prompt and proper consideration, you must provide the information required on the two pages of this form. All material facts should be stated on this form and attachments as it will be the basis of further action upon your claim. Be sure to carefully read the instructions set forth below. Following completion of the form, mail or deliver it in person to:

**Shasta County Clerk of the Board, 1450 Court Street, Suite 308B Redding, CA 96001.**

For regulations regarding the proper and timely filing of your claim, see Sections 910 and 911.2 of the California Government Code (printed below). In most cases, you cannot file a lawsuit against the County or its employees unless you have previously filed a claim in a timely manner.

Claims for damage to, loss of, or destruction of property or for personal injury must be signed by the owner of such damaged, lost, or destroyed property or by the injured party or a duly authorized agent or legal representative. Claims signed by agents or legal representatives must be accompanied by evidence establishing authority to act as agent of injured party and/or owner of damaged property.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of a claim for personal injury or death, the claimant should submit a written report by the attending physician showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability (if any), the prognosis, and the period of hospitalization or incapacitation. Itemized bills for medical, hospital, or burial expenses actually incurred should be attached.
- (b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized, signed statements or estimates by reliable, disinterested concerns. If payment has been made, the itemized, signed receipts evidencing payment should be submitted.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, date of purchase, and value of the property, both before and after the accident. Such statements should be by disinterested, competent persons, preferably reputable dealers or officials familiar with the type of property damaged or by two or more competitive bidders; the statements should be certified as being just and correct.

### **The following is taken from Title 1, *Government Code*: Presentation and Consideration of Claims**

#### **§910.**

A claim shall be presented by the claimant or by a person acting on his or her behalf and shall show all of the following:

- (a) The name and post office address of the claimant.
- (b) The post office address to which the person presenting the claim desires notices to be sent.
- (c) The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted.
- (d) A general description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of presentation of the claim.
- (e) The name or names of the public employee or employees causing the injury, damage, or loss, if known.
- (f) The amount claimed if it total 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. If the amount claimed exceeds ten thousand dollars (\$10,000), no dollar amounts shall be included in the claim. However, it shall indicate whether the claim would be a limited civil case.

#### **§911.2.**

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.

For other claims such as breach of contract claims, please see Government Code section 905, et seq. and Shasta County Code Chapter 2.90.

STATE OF CALIFORNIA  
GOVERNMENT CLAIM

<b><u>Name:</u></b>	Brook Gierman
<b><u>Address:</u></b>	1415 Mishka Court Apt #1, Redding CA 96003
<b><u>Name and address for notices:</u></b>	TIMOTHY D. McGONIGLE PROF. CORP. 1880 Century Park East, Suite 516 Los Angeles, California 90067
<b><u>Date, location, and circumstances surrounding claim:</u></b>	July 12, 2023 Shasta County E Coli Outbreak in Burney Water District 20222 Hudson St, Burney, CA 96013
<b><u>A general description of your indebtedness, injuries, damages, or losses incurred:</u></b>	General damages including, but not limited to, emotional distress, digestive problems, and out of pocket expenses. The full extent of Claimant's damages are unknown at this time and subject to proof. Claimant suffered these damages as a result of using the contaminated water from the Burney Water District in her home residences at 1415 Mishka Court Apt #1, Redding CA 96003. Claimant incurred a loss of income of about \$3,000.
<b><u>Limited or Unlimited Case:</u></b>	Unlimited Case (exact damages are unknown at this time)

**Date:** 12/29/2023**Signature of Claimant:**

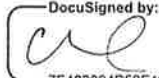
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STATE OF CALIFORNIA  
GOVERNMENT CLAIM

<b><u>Name:</u></b>	Roman Eaton Harris
<b><u>Address:</u></b>	950 West St. Apt. #3 Redding 96001
<b><u>Name and address for notices:</u></b>	TIMOTHY D. McGONIGLE PROF. CORP. 1880 Century Park East, Suite 516 Los Angeles, California 90067
<b><u>Date, location, and circumstances surrounding claim:</u></b>	July 12, 2023 Shasta County E Coli Outbreak in Burney Water District 20222 Hudson St, Burney, CA 96013
<b><u>A general description of your indebtedness, injuries, damages, or losses incurred:</u></b>	General damages including, but not limited to, emotional distress, digestive problems, and out of pocket expenses. The full extent of Claimant's damages are unknown at this time and subject to proof. Claimant suffered these damages as a result of using the contaminated water from the Burney Water District in his home residences at 950 West St. Apt. #3. Redding CA 96001.
<b><u>Limited or Unlimited Case:</u></b>	Unlimited Case (exact damages are unknown at this time)

**Date:** 1/2/2024

**Signature of Parent or  
Legal Guardian of Claimant:**

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STATE OF CALIFORNIA  
GOVERNMENT CLAIM

<b><u>Name:</u></b>	Elizabeth McCloud
<b><u>Address:</u></b>	20300 Elm Street Burney CA 96013
<b><u>Name and address for notices:</u></b>	TIMOTHY D. McGONIGLE PROF. CORP. 1880 Century Park East, Suite 516 Los Angeles, California 90067
<b><u>Date, location, and circumstances surrounding claim:</u></b>	July 12, 2023 Shasta County E Coli Outbreak in Burney Water District 20222 Hudson St, Burney, CA 96013
<b><u>A general description of your indebtedness, injuries, damages, or losses incurred:</u></b>	General damages including, but not limited to, emotional distress, digestive problems, and out of pocket expenses. The full extent of Claimant's damages are unknown at this time and subject to proof. Claimant suffered these damages as a result of using the contaminated water from the Burney Water District in her home residences at 20300 Elm St., Burney CA 96007.
<b><u>Limited or Unlimited Case:</u></b>	Unlimited Case (exact damages are unknown at this time)

**Date:** 1/2/2024

**Signature of Claimant:**

DocuSigned by:  
*Elizabeth McCloud*  
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