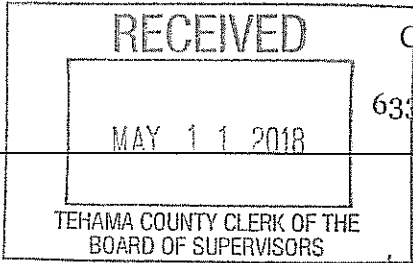


COUNTY OF TEHAMA — CLAIM FOR DAMAGES

This claim must be filed with the Clerk of the Board of Supervisors within six (6) months after the accident or event. Where space is insufficient, please use additional paper and identify information by paragraph number. When claim is complete, mail to:



Clerk of the Board of Supervisors
COUNTY OF TEHAMA
633 Washington Street, P.O. Box 250
Red Bluff, CA 96080

cc: JS, BG, R. Stout
D. Henratt
5-22-18 Agenda

CLAIMANT

NAME: Marta Hermelinda Gudino Landaverde

ADDRESS: _____

TELEPHONE #: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE/I.D. #: _____

TO THE BOARD OF SUPERVISORS OF THE COUNTY OF TEHAMA:

The undersigned respectfully submits the following claim and information:

1. Post Office address to which claimant desires notices to be sent, if other than above:
Ben Rosenfeld, Attorney, 115 1/2 Bartlett Street, San Francisco, CA 94110
2. Date, place, and time of occurrence or transaction which gives rise to this claim:
DATE: November 14, 2017 TIME: starting approx. 8:15 am.
PLACE: Rancho Tehama Rd., just E. of Stagecoach Rd., Corning, CA (Rancho Tehama Reserve)
3. Specify the particular act or omission and circumstances you believe caused injury, loss and/or damage:
In a shootout with a gunman later identified as Kevin Neal, one or more Tehama County Sherriff's
Deputies shot at Ms. Landaverde's husband, Francisco Gudino Cardenas and his car, before and after
the gunman died, even though Deputies knew or should have known that Cardenas was an unarmed
bystander and victim who posed no threat to Deputies or anyone else. Deputies also withheld and/or
delayed medical treatment from Cardenas. The resulting permanent damage to Mr. Cardenas' leg
has caused Ms. Landaverde to suffer loss of consortium, emotional distress, and loss of earnings.
4. Name or names of any employee of the County you believe caused the injury, damage or loss; if known: John/Jane DOEs 1 - 10 who are Tehama County Sheriff's Deputies or Supervisors
and/or other Tehama County officials or employees whose names are presently unknown;
the Tehama County Sheriff's Office; and Tehama County.
5. Description of property damaged. If there was no property damage, state "NONE".
not applicable to Mrs. Landaverde

6. Owner of property damaged: not applicable to this claimant
Location of property damaged: not applicable to this claimant

7. Description of personal injury. If there was no personal injury, state "NONE":
loss of consortium, emotional distress, and loss of income

8. Name of any other person injured: husband Francisco Gudino Cardenas

9. Name and addresses of witnesses, doctors, hospitals, etc:
NAME ADDRESS TELEPHONE #
(1) Francisco Gudino Cardenas (who is represented and may be contacted through counsel below)
(2) Identities of other witnesses presently unknown
(3) _____

10. 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, indicate whether the claim would be a limited civil case. _____

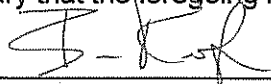
11. If your claim involves a motor vehicle, please provide:
INSURANCE CARRIER ADDRESS TELEPHONE # POLICY NO.
not applicable to this claimant

REGISTERED OWNER OF VEHICLE: not applicable to this claimant

12. Any additional information that might be helpful in considering claim:

WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM!
(Penal Code § 72: Insurance Code § 556)

I have read the matters and statements made in the above claim and I know the same to be of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is true and correct.

Dated: May 9, 2018 Signed: 
(CLAIMANT or AGENT FOR CLAIMANT)