

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: SHERIFF'S DEPT. COUNTY OF TEHAMA			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. TRACY FRANK		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT THURSDAY DEC. 21, 2017	7. TIME (A.M. OR P.M.) 10:30 PM
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). MY SON SCOTT DUFFER AS AN INMATE AT THE TEHAMA COUNTY JAIL HAD TWO PERSONS SHANE HELM AND CHUCK HAYES AND AN UNKNOWN THIRD PERSON JUMP AND BEAT HIM RESULTING IN A BROKEN JAW, SCRAPES AND BRUISES. HE WAS SENT TO U.C. DAVIS MEDICAL CENTER AND UNDERWENT SURGERY					
9. PROPERTY DAMAGE			<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>   JUN 18 2018   TEHAMA COUNTY CLERK OF THE BOARD OF SUPERVISORS </div>		
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). CC: JS, BG, BD R. Stout D. Lencroft					
10. PERSONAL INJURY/WRONGFUL DEATH <i>7-17-18 Agenda</i>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. AS AN INMATE AT THE TEHAMA COUNTY JAIL TWO PERSONS KNOWN TO HAVE MADE THREATS TO SCOTT OF DEATH AND BODILY HARM MOVE INTO THE SAME HOUSING UNIT AS SCOTT, AS SCOTT SITS AT A BENCH, SHANE HELM AND CHUCK HAYES CAME FROM BEHIND AND JUMPED AND STARTED BEATING SCOTT, A					
11. THIRD PERSON. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
TIM SMITH		RED BLUFF, CA 96080			
SHANE HELMS		RED BLUFF, CA 96080			
CHUCK HAYES		RED BLUFF, CA 96080			
MANY MORE - WHOLE ROOM					
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).
		\$100,000,000.00			\$100,000,000.00
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). Tracy L. Frank			13b. PHONE NUMBER OF PERSON SIGNING FORM		14. DATE OF SIGNATURE 6-18-18
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

\* Medical Records Available upon request

PERSON JUMPS OVER THE TABLE AND PARTICIPATES IN THE BEATING OF SCOTT. ONE PERSON CAME OUT AND STARTED TO HELP ME. WHEN THEY ALL STOPPED, SCOTT KNEW SOMETHING WAS WRONG WITH HIS FACE, AND AFTER LOOKING IN THE MIRROR, HE NOTICED HIS JAW WAS BROKEN. SCOTT AND A FEW ALLIES ALL STARTED TO POUND ON THE GLASS AND CALL FOR HELP. AN OFFICER CAME IN AND SCOTT SHOWED HIM HIS JAW AND THE OFFICER BURGESS SUGGESTED A TRIP TO THE EMERGENCY ROOM AND HE DROVE SCOTT THERE. UPON ARRIVING, THE STAFF STATED SCOTT BE AIR LIFTED TO UC DAVIS MEDICAL CENTER. OFFICER STAVROS ACCOMPANIED SCOTT TO UC DAVIS MEDICAL CENTER. SCOTT UNDERWENT SURGERY HAVING HIS JAW WIRED SHUT WHICH LASTED FOR ONE MONTH OF A LIQUID DIET. THREE DIFFERENT PHYSICIAN'S ATTENDED THE SURGERY, TREVOR JOHM MILLS ,MD +JOHN T.ANDERSON, MD+ LEE M. PU, MD. SCOTT WAS GIVEN A PROMISE TO APPEAR AND SENT TO HIS HOME RESIDENCE FOR THE DURATION OF HIS REQUIRED TIME.

IN CONCLUSION, THE ENTIRE UNIT SCOTT WAS IN WERE WITNESSES TO THE INCIDENT AND NO GUARDS ATTEMPTED TO ASSIST HIM, UNTIL HE POUNDED ON THE GLASS WALL SCREAMING FOR HELP.