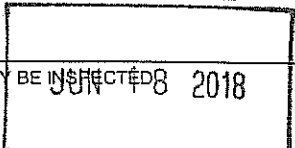


CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: <i>TEHAMA COUNTY</i>			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. <i>TRACY FRANK</i>		
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 <i>THURSDAY DEC. 21, 2017</i>	7. TIME (A.M. OR P.M.) <i>10:30 PM</i>	
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). <i>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.</i>					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). <i>CC: JS BG BD</i>			<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  NOV 28 2018 D. Hancock 217-B Agenda TEHAMA COUNTY CLERK OF THE BOARD OF SUPERVISORS </div>		
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). <i>Rest of D. Hancock 217-B Agenda</i>					
10. PERSONAL INJURY/WRONGFUL DEATH					
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. <i>AS AN INMATE AT THE TEHAMA COUNTY JAIL TWO PERSONS KNOWN TO HAVE MADE THREATS TO ME OF DEATH AND BODILY HARM MOVE INTO THE SAME HOUSING UNIT AS SCOTT DUFFER (ME = SCOTT DUFFER) AND AS SCOTT SITS AT A BENCH, SHANE HELM AND CHUCK HAYES COME FROM BEHIND AND JUMP HIM (SCOTT) AND A THIRD</i>					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
<i>TIM SMITH</i>		<i>RED BLUFF, CA 96080</i>			
<i>SHANE HELM</i>		<i>RED BLUFF, CA 96080</i>			
<i>CHUCK HAYES</i>		<i>RED BLUFF, CA 96080</i>			
<i>MANY MORE - WARD ROOM</i>					
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY <i>\$ 100,000,000.00</i>	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights). <i>\$ 100,000,000.00</i>		
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). <i>Tracy Frank</i>			13b. PHONE NUMBER OF PERSON SIGNING FORM	14. DATE OF SIGNATURE <i>6-18-18</i>	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM <small>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).</small>			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS <small>Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)</small>		

Handwritten signature or note at the bottom of the page.

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.