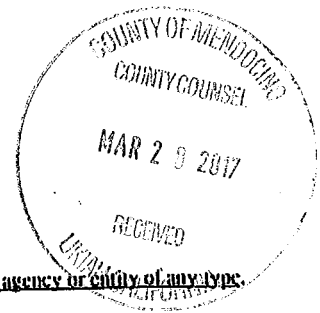


NOTICE OF CLAIM
AGAINST THE COUNTY OF MENDOCINO
(Government Code Section 910 et seq.)

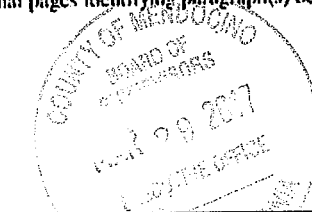


INSTRUCTIONS (Please read carefully):

- * Claims related to injury to person, damage to personal property, or employee claims, by any person, government agency or entity of any type, must be presented to the County within (6) months from the date of loss.
- * Claims related to any other loss must be presented not later than (1) year from the date of loss.
- * Answer all items fully and to the best of your knowledge and information. Failure to do so may result in your claim being found insufficient.
- * If more space is needed to provide requested information, please attach additional pages identifying paragraph(s) being answered.
- * Legal advice concerning your claim should be obtained from your own lawyer.

MAIL COMPLETED FORM TO:

Mendocino County Board of Supervisors
Attn: Clerk of the Board
501 Low Gap Road, Room 1010
Ukiah, CA 95482



Date Received by BOS

Brian Hurt, doing business as,

1. Claimant's Name: Grist Creek Aggregates, LLC Daytime Phone: [REDACTED]
2. Claimant's Mailing Address: [REDACTED]
3. Home Phone: (707) [REDACTED] Date of Loss: 10/18/2016 Time of Loss: unknown
4. Location of Loss (Specify in as much detail as possible, example: corner of State and Perkins):
2.5 miles east of Highway 101, along the north side of Highway 162, between the Highway and Outlet Creek
Assessor's Parcel No. 036-190-26
5. Description of incident/accident which caused you to make this claim: County employees Robert A. Scaglione and Donna Roberts-Nash interfered by threat, intimidation, and/or coercion with Mr. Hurt's exercise or enjoyment of his rights secured by the United States and California Constitutions in violation of the Bane Act (Civil Code section 52.1)
6. What specific injury, damages or other losses did you incur? Interference with Mr. Hurt's rights secured by the United States and California Constitutions.
7. What amount of money are you seeking to recover? (check one of the boxes below)
☐ The amount claimed is less than \$2,000. Enter the amount claimed here: \$
☒ The amount claimed is more than \$2,000. Enter the amount claimed here: \$ > \$10,000
Please attach any and all itemized bills, repair estimates, receipts, etc.
8. What are the name(s) of the County employee(s) whom you allege caused your injury, damage or loss, if known? Robert Scaglione, Donna Roberts-Nash, Terry Nan Gross
9. All notices and communications with regard to this claim will be directed to the Claimant shown in lines 1 and 2 above.

I/WE, the undersigned, declare under penalty of perjury that I/WE have read the foregoing claim for damages and know the contents thereof; that the same is true of my/our own knowledge and belief, save and except as to those matters wherein stated on information and belief, and as to them, I/WE believe to be true.

Brian Hurt
Claimant Printed Name

[Signature]
Claimant Signature

2-14-17
Date Signed

PLEASE SEE REVERSE SIDE FOR WARNING.

7/29/17
cc: WCo, Risk Mgr, Risk Analyst