

7. How was the amount claimed above computed? (Include the estimated amount of any prospective damage or injury.) \$7,591.02 out-of-pocket rental car expense + \$24,750. diminished value of my vehicle + \$148,664.24 my lost income + approx. \$5,000. ongoing medical and other expenditures + \$100,000. ongoing pain and suffering and emotional distress = Total \$286,005.26 (Supporting documents, receipts, etc. are attached as described above)

8. Names and addresses of witnesses, doctors and hospitals:
 Dr. Lawrence Weil, IPM Medical Group (Medical Summary and address attached)
 Casey Strand, D.C. / address attached (Letter and address attached), Dr. Salaman Saad (my GP, John Muir, Walnut Creek, CA)

9. List the expenditures you made on account of the accident or injury:

NOTE: Multiple additional expenses regarding ongoing healthcare to follow this claim filing (more receipts/invoices for certain expenditures)

<u>DATE</u>	<u>TIME</u>	<u>AMOUNT</u>
October 13, 2021	Afternoon	I paid \$25 Copay at John Muir in W.C. (my healthcare CIGNA paid \$170)
November 9, 2021	Morning	I paid \$10 for Traffic Crash CHP Report
November 23, 2021	4:47pm	I paid \$2,220.92 to Enterprise (1st of 3 Enterprise receipts attached)
January 17, 2022	Morning	I paid \$40 Copay at IPM Dr. Lawrence Weil (CIGNA paid \$170.89)

_____) Gov. Code Sec. 9110.2 provides "The claim shall be
 _____) signed by the claimant or by some person on his behalf.
 _____)
 _____) SEND NOTICES TO: (Attorney)
 _____) Name and address of Attorney _____) *Peter Fogarty*
 _____) _____)
 _____) (Claimant's Signature)
 _____) _____)
 _____) _____)
 _____) (Address)
 _____) _____)
 _____) Telephone No. _____) Telephone No. _____)

PUBLIC RECORDS NOTICE:

Please be advised that this claim form, or any claim filed with the County under the Tort Claims Act is subject to public disclosure under the California Public Records Act. (Gov. Code §§ 6500 et seq.) Furthermore, any attachments, addendums, or supplements attached to the claim form, including medical records, are also subject to public disclosure.

NOTICE:

Section 72 of the Penal Code provides:

Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account voucher, or writing, is punishable either by imprisonment in the County jail for a period of not more than one year, by a fine of not exceeding one thousand dollars (\$1000.00), or by both such imprisonment and fine, or by imprisonment in the state prison, by a fine of not exceeding ten thousand dollars (\$10,000.000, or by both such imprisonment and fine.

Contra Costa County Claim Form (additional page with longer cont'd answers)

From Mr. Peter Fogarty at 

Question #3. How did damage or injury occur?

(cont'd from Claim Form) ...at approx. 40mph. My vehicle (2018 Cadillac Escalade) was struck so hard the hat I was wearing flew into the backseat at impact as my vehicle was blasted forward into the intersection. I experienced significant whiplash, struck my head on the headrest, and was in shock at the scene. I am experiencing ongoing pain and suffering since the crash and continue to receive healthcare services.

Question #6. What damage or injuries do you claim resulted?

(cont'd from Claim Form) ...4) with regards to my resulting injuries, please see Dr. Lawrence Weil's 'Medical Summary' document (attached), and Casey Strand, D.C.'s 'under my care' letter (attached).