

File With:
City Clerk
City of Arcata
736 F Street
Arcata, CA 95521



CLAIM FOR MONEY OR DAMAGES AGAINST THE CITY OF ARCATA

RECEIVED FILING STAMP
CLAIM NO. 2.7.D
RECEIVED
OCT 13 2017
CITY OF ARCATA
CITY MANAGER'S OFFICE

A claim must be presented, as prescribed by the Government Code of the State of California, by the claimant or a person acting on his/her behalf and shall show the following:

If additional space is needed to provide your information, please attach sheets, identifying the paragraph being answered.

1. Name and Post Office address of the Claimant:

Name of Claimant: Kyle Zoellner

Post Office Address: [REDACTED]

2. Post Office address to which the person presenting the claim desires notices to be sent:

Name of Addressee: Kyle Zoellner Telephone: [REDACTED]

Post Office Address: [REDACTED]

3. The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted:

Date of Occurrence: April 15, 2017 Time of Occurrence: Aprox. 3:00

Location: 1120 Spear Avenue, Arcata CA 95521

Circumstances giving rise to this claim:
(see attached.)

4. General description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of the presentation of the claim.

- Lost wages
- Medical Bills
- Loss of personal property
- Defamation of character
- Pain and Suffering
- Emotional Distress

5. The name or names of the public employee or employees causing the injury, damage, or loss, if known.

Karen Diemer, Susan Ornelas, Sophia Pereira, Paul Pitino, Brett Watson, Michael Winkler, Tom Chapman, Todd Dockweiler, Eric Losey, Devin Nielsen, Kirstle Arminio, Bart Silvers
other City employees complicit with claims stated in question # 3 above.

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6. If amount claimed totals less than \$10,000: 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.

Amount Claimed and basis for computation:

If amount claimed exceeds \$10,000: If the amount claimed exceeds ten thousand dollars (\$10,000), no dollar amount shall be included in the claim. However, it shall indicate whether the claim would be a limited civil case. A limited civil case is one where the recovery sought, exclusive of attorney fees, interest and court costs does not exceed \$25,000. An unlimited civil case is one in which the recovery sought is more than \$25,000. (See CCP § 86.)

Limited Civil Case

Unlimited Civil Case

You are required to provide the information requested above, plus your signature on page 3 of this form in order to comply with Government Code §910. In addition, in order to conduct a timely investigation and possible resolution of your claim, the City requests that you answer the following questions.

7.

8.

9.

Name, address and telephone number of any witnesses to the occurrence or transaction which gave rise to the claim asserted:

(see attached)

10.

If the claim involves medical treatment for a claimed injury, please provide the name, address and telephone number of any doctors or hospitals providing treatment:

St Joseph Hospital 2700 Dolbeer St. Eureka, CA 95501
McKinleville Community Health Center 1644 Central Ave, McKinleville CA 9
Tim Penticost DDS. 2453 Buhne St. Eureka, CA 95501

If applicable, please attach any medical bills or reports or similar documents supporting your claim.

11.

If the claim relates to an automobile accident:

Claimant(s) Auto Ins. Co.:

Telephone:

Address:

Insurance Policy No.:

Insurance Broker/Agent:

Telephone:

Address:

Claimant's Veh. Lic. No.:

Vehicle Make/Year:

Claimant's Drivers Lic. No.:

Expiration:

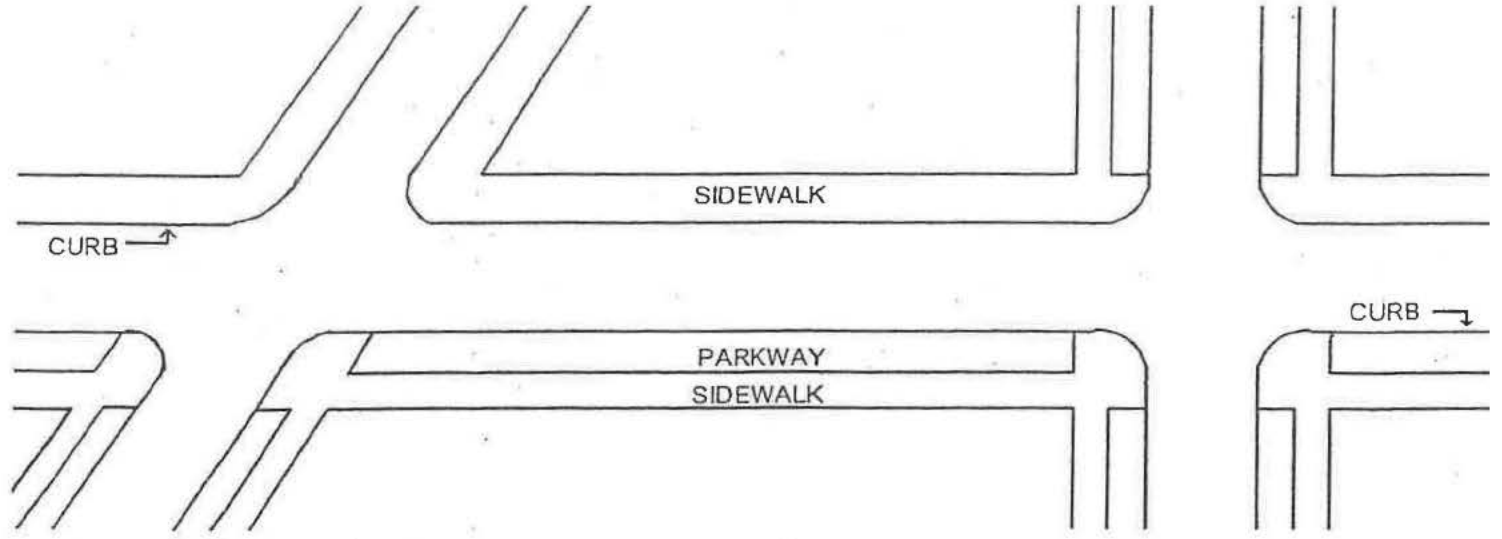
If applicable, please attach any repair bills, estimates or similar documents supporting your claim.

READ CAREFULLY

For all accident claims, place on following diagram name of streets, including North, East, South, and West; indicate place of accident by "X" and by showing house numbers or distances to street corners. If City/Agency Vehicle was involved, designate by letter "A" location of City/Agency Vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw

City/Agency Vehicle; location of City/Agency vehicle at time of accident by "A-1" and location of yourself or your vehicle at time of the accident by "B-1" and the point of impact by "X."

NOTE: If diagrams below do not fit the situation, attach heret proper diagram signed by claimant.



Warning: Presentation of a false claim with the intent to defraud is a felony (Penal Code §72). Pursuant to CC §1038, the City/Agency may seek to recover all costs of defense in the event an action is filed which is lat determined not to have been brought in good faith and with reasonable cause.

Signature 

Date: 10/12/17

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October 12, 2017

Page 1, Question #3:

I was physically assaulted and brutally beaten unconscious at 1120 Spear Avenue, Arcata CA, on the morning of April 15, 2017 by multiple assailants. I was taken to a police car by Officer Nielsen of the Arcata Police Department (APD) and detained at the above location for an extended amount time without receiving any medical attention or being taken to a hospital for my injuries. I was still in a semiconscious state due to my injuries during the interrogation with APD. I was arrested without probable cause and transported to the Humboldt County Jail for booking. I claim the Arcata Police Department (APD) filed a false police report with the Humboldt County District Attorney's office. I am claiming malicious prosecution and wrongful imprisonment by APD. I am claiming the search of my home and vehicle and the seizure of my personal property following my arrest was illegal. Also, I claim APD failed to submit a supplemental police report to the Humboldt County District Attorney for the above-mentioned assault when requested. I am claiming defamation of character by employees of the City of Arcata, specifically the City Manager, City Council members, and the Arcata Police Department by means of public statements and press releases.

Page 2, Question #9:

Witnesses:

Officer Devin Nielsen	736 F Street, Arcata CA 95521
Lila Ortega	[REDACTED]
Angelica McFarland	Contact info on file with APD
Maria McFarland	Contact info on file with APD
Naiya Wilkins	Contact info on file with APD
Casey Gleaton	Contact info on file with APD
Eric Zoellner	[REDACTED]
Neighbor/Occupant	[REDACTED]
St Joseph Hospital (Attending ER Doctors and Staff)	2700 Dolbeer Street, Eureka CA 95501

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