



CENTRAL SAN JOAQUIN VALLEY RISK MANAGEMENT AUTHORITY

CLAIM FORM (Please Type Or Print)

11353

File # 833

RECEIVED CLAIM AGAINST

Mayor Tommy Jones / City of Los Banos

07 MAY 7 PM 2 42

Claimant's Name

Gene Forte

S.S. #: 572 - 74 - 7186

CITY OF LOS BANOS

Claimant's Date of Birth

Feb 26, 1952

Telephone #

(209) 829-1116

Claimant's Address

688 Birch Ct, Los Banos, CA, 93635

Address where Notices about Claim are to be sent, if different from above:

Date of Incident/Accident/Arrest:

May 5, 2007

Date Injuries, Damages or Losses were discovered:

May 5, 2007

Location of Incident/Accident/Arrest:

6th Street & K (May Day Fair Parade)

What did Entity or Employee do to cause this Loss, Damage or Injury?

The Mayor stated to myself, Mr. Clinton Galloway, and others suspected to be Council members of Los Banos, and others unknown that I was a dangerous member of the Ku Klux Klan.

(Use Back of this Form or Separate Sheet if necessary to answer this Question in Detail.)

What are the Names of the Entity's Employees who caused this Injury, Damage or Loss (if known)?

Mayor Tommy Jones

What specific Injuries, Damages or Losses did Claimant receive?

slander, emotional distress, damage to reputation

(Use back of this form or separate sheet if necessary to answer this question in detail.)

What amount of money is claimant seeking, or if amount is in excess of \$10,000, which is the appropriate court of jurisdiction. Note: If Superior and Municipal Courts are consolidated, you must represent whether it is a "limited civil case" [see Government Code 910(f)]

\$1,000,000.00 - Superior Court

(Use back of this form or separate sheet if necessary to answer this question in detail.)

How was this amount calculated (please itemize)?

How much is a person's good name worth? You calculate it.

(Use back of this form or separate sheet if necessary to answer this question in detail.)

Date Signed

5/7/07

Signature:

[Handwritten Signature]

If signed by Representative:

Representative's Name

Address

Telephone #

Relationship to Claimant