

# GERAGOS & GERAGOS

A PROFESSIONAL CORPORATION  
LAWYERS  
644 SOUTH FIGUEROA STREET  
LOS ANGELES, CALIFORNIA 90017-3411  
TELEPHONE (213) 625-3900  
FACSIMILE (213) 625-1600  
GERAGOS@GERAGOS.COM

March 26, 2008

Controller's Office  
City Hall Room 396  
1 Doctor Carlton B. Goodlett Place  
San Francisco, California 94102

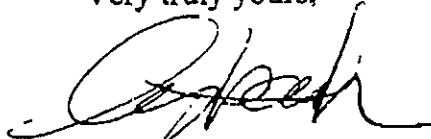
Re: Claim Forms

Dear Controller's Office :

Enclosed please find the Claims Against The City and County of San Francisco submitted by both Kulbir Dhaliwal and Amritpal Dhaliwal. If you should have any further questions, please contact either myself or Shepard Kopp at (213) 625-3900.

Also, we have provided a pre-stamped envelope so that you may return a stamped copy of both claims, confirming that they have been filed. Thank you for your cooperation.

Very truly yours,



Hyka Galadzhyan  
Legal Assistant  
GERAGOS & GERAGOS

RECEIVED  
08 MAR 27 AM 10:51  
SAN FRANCISCO  
CONTROLLER  
# 4591 217  
4502

# CLAIM AGAINST THE CITY AND COUNTY OF SAN FRANCISCO

Before completing this form, please read the instructions on the back. You have only 6 months from the date of incident to submit this form and supporting documentation to the Controller or the Clerk of the Board of Supervisors.

|  |   |   |   |
|--|---|---|---|
| <b>1. Claimant's Name and Home Address (Please Print Clearly)</b><br>AMRITPAL DHALIWAL<br><hr/> City _____ Zip _____<br>Telephone <small>Daytime</small> _____ |   | <b>2. Send Official Notices and Correspondence to:</b><br>GERAGOS & GERAGOS, APC.<br>644 SOUTH FIGUEROA STREET<br>City LOS ANGELES CA Zip 90017<br>Telephone <small>Daytime</small> 213-625-3900 <small>Evening</small> |   |
| <b>3. Date of Birth</b><br><hr/>   | <b>4. Social Security Number</b><br><hr/> | <b>5. Date of Incident</b><br>12/25/2007  | <b>6. Time of Incident (AM or PM)</b><br>Approx. 5:00p.m. |
| <b>7. Location of Incident or Accident</b><br>SAN FRANCISCO 200  |   | <b>8. Claimant Vehicle License Plate #, Type and Year</b><br>N/A  |   |

**9. Basis of Claim.** State in detail all facts and circumstances of the incident. Identify all persons, entities, property and City departments involved. State why you believe the City is responsible for the alleged injury, property damage or loss.

SEE ATTACHED

| Name, I.D. Number and City Department of City Employee who allegedly caused injury or loss | Type of City Vehicle | Vehicle License Number and Bus or Train Number |
|--|----------------------|--|
|  |                      |  |

**10. Description of Claimant's Injury, property damage or loss**

SEE ATTACHED

**11. Amount of Claimant's property damage or loss and method of computation. Attach supporting documentation. (See instructions)**

ITEMS

|                     |    |
|---------------------|----|
| SEE ATTACHED        | \$ |
|                     | \$ |
|                     | \$ |
|                     | \$ |
|                     | \$ |
| <b>TOTAL AMOUNT</b> | \$ |

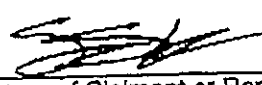
Court Jurisdiction: Limited Civil  Unlimited Civil

**12. Witnesses (if any) Name Address Telephone**

1. SEE ATTACHED

2. SEE ATTACHED

**13.**

  
 Signature of Claimant or Representative \_\_\_\_\_ Date 3-26-08

SHEPARD KOPP \_\_\_\_\_ ATTORNEY  
 Print Name Relationship to Claimant

**Do Not Write In This Space**

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 SAN FRANCISCO  
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CA FORM 2, 201

# CLAIM AGAINST THE CITY AND COUNTY OF SAN FRANCISCO

Before completing this form, please read the instructions on the back. You have only 6 months from the date of incident to submit this form and supporting documentation to the Controller or the Clerk of the Board of Supervisors.

|  |  |   |  |
|--|--|---|--|
| <b>1. Claimant's Name and Home Address (Please Print Clearly)</b><br>KULBIR DHALIWAL |  | <b>2. Send Official Notices and Correspondence to:</b><br>GERAGOS & GERAGOS, APC.<br>644 SOUTH FIGUEROA STREET<br>City LOS ANGELES CA Zip 90017<br>Telephone Daytime 213-625-3900 |  |
| City _____ Zip _____<br>Telephone Daytime _____                                      |  |   |  |

|                                 |  |  |   |
|---------------------------------|--|--|---|
| <b>3. Date of Birth</b><br><br> | <b>4. Social Security Number</b><br><br> | <b>5. Date of Incident</b><br>12/25/2007 | <b>6. Time of Incident (AM or PM)</b><br>Approx. 5:00p.m. |
|---------------------------------|--|--|---|

|   |   |
|---|---|
| <b>7. Location of Incident or Accident</b><br>SAN FRANCISCO ZOO | <b>8. Claimant Vehicle License Plate #, Type and Year</b><br>SHWK626, 2002 M3 BMW |
|---|---|

**9. Basis of Claim.** State in detail all facts and circumstances of the incident. Identify all persons, entities, property and City departments involved. State why you believe the City is responsible for the alleged injury, property damage or loss.

SEE ATTACHED

| Name, I.D. Number and City Department of City Employee who allegedly caused injury or loss | Type of City Vehicle | Vehicle License Number and Bus or Train Number |
|--|----------------------|--|
|  |                      |  |

**10. Description of Claimant's Injury, property damage or loss**

SEE ATTACHED

**11. Amount of Claimant's property damage or loss and method of computation.** Attach supporting documentation. (See Instructions)

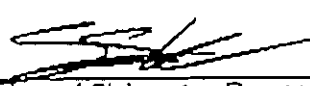
ITEMS

|                     |    |
|---------------------|----|
| SEE ATTACHED        | \$ |
|                     | \$ |
|                     | \$ |
|                     | \$ |
|                     | \$ |
| <b>TOTAL AMOUNT</b> | \$ |

Court Jurisdiction: Limited Civil  Unlimited Civil

| 12. Witnesses (if any) Name | Address | Telephone |
|-----------------------------|---------|-----------|
| 1. _____                    | _____   | _____     |
| 2. SEE ATTACHED             | _____   | _____     |

**13.**

  
 Signature of Claimant or Representative

3-26-08  
 Date

SHEPARD KOPP  
 Print Name

ATTORNEY  
 Relationship to Claimant

Do Not Write in This Space

# 4502  
 NN  
 CONTROLLED  
 SAN FRANCISCO  
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CAFORM 2, 201

CRIMINAL PENALTY FOR PRESENTING A FALSE OR FRAUDULENT CLAIM IS IMPRISONMENT OR FINE OR BOTH. (PENAL CODE §72)

## **ATTACHMENT TO CLAIM OF KULBIR DHALIWAL**

### **9. BASIS OF CLAIM**

Claimant was a patron of the San Francisco Zoo on December 25, 2007. He was attacked by a Siberian tiger which jumped out of its enclosure.

Claimant is informed and believes that the City and County of San Francisco owns the real property and animals where the zoo is situated and has responsibility to the public to prevent injury by dangerous animals at the zoo.

The identities of all employees, agents and representatives of the above agencies are not yet presently known to Claimant.

Additionally, Claimant has been defamed by a public relations firm, acting as an agent of the City and County of San Francisco and the San Francisco Zoo. Members of the public relations firm, including but not limited to Sam Singer, made false statements about Claimant's actions on the date of the attack.

Claimant's vehicle was impounded and was held unreasonably, depriving Claimant of the use of his property.

#### **Acts and omissions attributable to City and County of San Francisco:**

Negligence, negligent infliction of emotional distress, negligent training, negligent supervision, failure to maintain premises in a safe condition, dangerous condition related to enclosure and maintenance of dangerous animals; strict liability, failure to warn, violation of statutes, codes and regulations, defamation, libel and slander, intentional and negligent infliction of emotional distress, conversion, loss of use of property, deprivation of property, violations of the Unruh Civil Rights Act, malicious prosecution.

### **10. DESCRIPTION OF INJURY**

Claimant has suffered serious physical and emotional injuries. He sustained deep lacerations and wounds, all over his body, head and face, requiring stitches. Claimant had bruises, contusions, bites and deep wounds from the attacks. Claimant had surgery to both knees as a result of the deep wounds. Claimant has scarring from the tiger attack.

Claimant has been wrongfully deprived of the use of his vehicle, a 2002 BMW M3.

Further, Claimant has suffered emotional injuries as a result of the tiger attack as well as humiliation and degradation from the smear campaign brought against him.

#### **11. AMOUNT OF DAMAGES**

In excess of the jurisdictional minimum of "Unlimited Jurisdiction" of the Superior Court.

#### **12. WITNESSES**

Claimant's brother Amritpal Dhaliwal, who was also attacked by the tiger.

The identities of all employees, agents and representatives of the above agencies are not yet presently known to Claimant.

Claimant was treated at San Francisco General Hospital immediately following the attack.