

# Government Claim Form

Government Claims Program  
California Victim Compensation and Government Claims Board  
P.O. Box 3035  
Sacramento, CA 95812-3035

1-800-955-0045 • www.governmentclaims.ca.gov

State of California

For Office Use Only

Claim No.:

## Is your claim complete?

<input checked="" type="checkbox"/>	Include a check or money order for \$25 payable to the State of California.
<input checked="" type="checkbox"/>	Complete all sections relating to this claim and sign the form. Please print or type all information.
<input checked="" type="checkbox"/>	Attach copies of any documentation that supports your claim. Please do not submit originals.

## Claimant Information Use name of business or entity if claimant is not an individual

<b>1</b>	Claimants in c/o Goyette & Associates, Inc - See attached	<b>2</b>	Tel: 916-851-1900		
	Last name First Name MI	<b>3</b>	Email:		
<b>4</b>	2366 Gold Meadow Way, Ste 200	Gold River	CA	95670	
	Mailing Address	City	State	Zip	
<b>5</b>	Inmate or patient number, if applicable:				
<b>6</b>	Is the claimant under 18?	If Yes, please give date of birth:			
<b>7</b>					

If you are an insurance company claiming subrogation, please provide your insured's name in section 7.

<b>8</b>	
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If your claim relates to another claim or claimant, please provide the claim number or claimant's name in section 8.

## Attorney or Representative Information

<b>9</b>	Goyette, Paul Q.	<b>10</b>	Tel: 916-851-1900		
	Last name First Name MI	<b>11</b>	Email:		
<b>12</b>	2366 Gold Meadow Way, Ste 200	Gold River	CA	95670	
	Mailing Address	City	State	Zip	
<b>13</b>	Relationship to claimant: Attorney				

## Claim Information

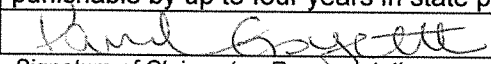
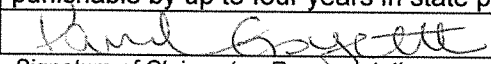
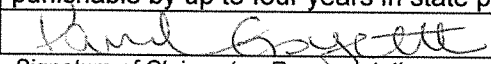
<b>14</b>	Is your claim for a state-dated warrant (uncashed check)? <input type="radio"/> Yes <input checked="" type="radio"/> No If NO, skip to step 15.				
	State agency that issued the warrant:				
	Dollar amount of warrant:	Date of issue:			
		MM	DD	YYYY	
<b>15</b>	Date of Incident: Please see attached				
	Was the incident more than six months ago? <input type="radio"/> Yes <input type="radio"/> No				
	If YES, did you attach a separate sheet with an explanation for the late filing? <input type="radio"/> Yes <input type="radio"/> No				
<b>16</b>	State agencies or employees against whom this claim is filed:				
	Cal Fire - Please see attached				
<b>17</b>	Dollar amount of claim: Please see attached				
	If the amount is more than \$10,000, indicate the type of civil case:	<input type="radio"/> Limited civil case (\$25,000 or less)			
		<input checked="" type="radio"/> Non-limited civil case (over \$25,000)			
	Explain how you calculated the amount:				
	Please see attached				

<b>18</b>	Location of the incident: Please see attached
<b>19</b>	Describe the specific damage or injury: Please see attached
<b>20</b>	Explain the circumstances that led to the damage or injury: Please see attached
<b>21</b>	Explain why you believe the state is responsible for the damage or injury: Please see attached
<b>22</b>	Does the claim involve a state vehicle? <input type="radio"/> Yes <input checked="" type="radio"/> No If YES, provide the vehicle license number, if known:

**Auto Insurance Information**

<b>23</b>	Name of Insurance Carrier			
	Mailing Address		City	State Zip
	Policy Number:	Tel:		
	Are you the registered owner of the vehicle?	<input type="radio"/> Yes	<input type="radio"/> No	
	If NO, state name of owner:			
	Has a claim been filed with your insurance carrier, or will it be filed?	<input type="radio"/> Yes	<input type="radio"/> No	
	Have you received any payment for this damage or injury?	<input type="radio"/> Yes	<input type="radio"/> No	
	If yes, what amount did you receive?			
	Amount of deductible, if any:			
	Claimant's Drivers License Number:	Vehicle License Number:		
	Make of Vehicle:	Model:	Year:	
	Vehicle ID Number:			

**Notice and Signature**

<b>24</b>	I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct to the best of my information and belief. I further understand that if I have provided information that is false, intentionally incomplete, or misleading I may be charged with a felony punishable by up to four years in state prison and/or a fine of up to \$10,000 (Penal Code section 72).						
	<table border="1" style="width: 100%;"> <tr> <td style="width: 40%;"></td> <td style="width: 30%; text-align: center;">Paul Goyette</td> <td style="width: 30%; text-align: right;">Date: 8/7/15</td> </tr> <tr> <td style="font-size: small;">Signature of Claimant or Representative</td> <td style="font-size: small;">Printed Name</td> <td></td> </tr> </table>		Paul Goyette	Date: 8/7/15	Signature of Claimant or Representative	Printed Name	
	Paul Goyette	Date: 8/7/15					
Signature of Claimant or Representative	Printed Name						
<b>25</b>	Mail this form and all attachments with the \$25 filing fee or the "Filing Fee Waiver Request" to: Government Claims Program, P.O. Box 3035, Sacramento, CA, 95812-3035. Forms can also be delivered to the Victim Compensation and Government Claims Board, 400 R Street, 5th Floor, Sacramento 95811.						

Government Claim Form - Attachment

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**Claimant Information**

Marci and Steve VanderGriend, named claimants, and class representatives, and on behalf of a class of people who represent the surviving family members, or eligible survivors (hereinafter “survivors”) of pilots who were killed in the line of duty while fighting California wildland fires or otherwise performing services on behalf of the State of California and Cal Fire since approximately 2002. Attached here as Exhibit A is a chart outlining a partial list of survivors that make up the class that is subject of this claim. This claim is filed on behalf of all similarly situated survivors since approximately 2002.

**Introduction**

The survivors are resented by Paul Q. Goyette of Goyette & Associates, Inc. All communications regarding this matter should be through Goyette & Associates, Inc. The parties are filing this claim in an overabundance of caution. As described in more detail within this document, claimants and their attorneys do not believe a claim is necessary with the CVCGCB based on the nature of this matter and the principles of liability involved.

**Basis of Liability**

This claim is brought pursuant to California Public Resources Code (CPRC) §4114.5. In 2002, the Legislature passed CPRC §4114.5 to provide the survivors of pilots killed in the line of duty fighting California wild land fires, protecting state resources and citizens. The bill was passed to lessen the financial burden that invariably results in the death of the pilot and provides some peace of mind for the survivors in the face a tremendous loss.

Specifically, CPRC §4114.5 requires that CAL FIRE pay a mandatory one-time death benefit to survivors of contract pilots who are killed in the line of duty performing the duties and responsibilities required by their contract, equal to the one time death benefit that would have been available to the contractor pilot under the Federal Public Safety Officers Benefit Act (PSOB). Attached hereto as Exhibit B is a chart of the PSOB death benefits that are available depending on the year and date of the death.

It is important to note that CPRC §4114.5(e) states that this section shall be applicable irrespective of whether the department (referring to CAL FIRE) contracts directly with the pilot or with a third party that employs or contracts with the pilot.

All pilots that are the subject of this claim were either direct contractors with CAL FIRE or contractors with a third party that either employed or contracted with that pilot, such as the US Forest Service. In every case, the pilot that is the subject of this claim died in the line of duty protecting California property or citizens.

**Mandatory Duty**

CAL FIRE and the State of California have a mandatory duty to pay a one-time death benefit under CPRC §4114.5. CPRC §4114.5(b) provides the death benefits “shall be paid to eligible survivors in a lump

sum". The statute was specifically constructed to create a mandatory duty on CAL FIRE and the State to pay the one-time lump sum death benefit. Accordingly a claim is generally not required to enforce a mandatory duty.

### **Fraud**

Beginning in approximately 2002 and continuing to the present time, high level executives of CAL FIRE, including the current Director of CAL FIRE, the current Deputy Director of CAL FIRE, and the former Director and former Deputy Director of CAL FIRE, engaged in a pattern of deceit and deception specifically designed to hide the existence of CPRC §4114.5 from the survivors and dissuade them from seeking any such death benefit from CAL FIRE. In each case, CAL FIRE Executives met with the survivors and expressed their condolences and, in some cases, participated in funeral arrangements and proceedings. Throughout this time, CAL FIRE Executives hid the existence of the death benefit from the survivors and intentionally misrepresented to the survivors that the only available death benefit they might apply for was those available from PSOB. CAL FIRE Executives made these representations knowing them to be false, and at the time they were well aware of the existence of benefits required to be paid under CPRC §4114.5. In addition, CAL FIRE Executives knew their representations were false and knew that PSOB benefits were not available, nor have they ever been available to contractors of any kind, including pilot contractors.

The survivors that are the subject of this claim relied on the false representations of CAL FIRE Executives and as a result were harmed because they did not request benefits under CPRC §4114.5, nor did they submit necessary claims to retain such benefits. The survivors relied upon the false, deceitful, and fraudulent statements and conduct of CAL FIRE Executives and as a result were harmed.

### **Specific Damages to Claimants**

Damages include the mandatory death benefit payable under CPRC §4114.5, as described in Exhibit B to this claim, plus interest, calculated from the reasonable date the payment should have been made. For example, the damages for survivors of Pilot Greg Gonsioroski should be calculated as follows: Date of aviation accident and death was September 1, 2008, corresponding PSOB payment amount is \$303,064, plus interest calculated from the date payment should have been reasonably made.

Damages for all survivors are to be calculated in a similar fashion.

CVCGCB Claim  
Exhibit A

Date of Death	Fire Name/ County of Incident	Deceased Pilot	Contracted Agency	Survived By
10/3/2003	East Highlands/ San Bernardino County	John Attardo	Minden Air Corp	
10/3/2003	East Highlands/ San Bernardino County	Carl Dobeare	Minden Air Corp	
4/20/2005	Chico/Butte County	Paul Cockrell	Aero Union	Spouse: Marilyn Cockrell
4/20/2005	Chico/Butte County	Brian Bruns	Aero Union	
4/20/2005	Chico/Butte County	Tom Lynch	Aero Union	
8/4/2006	Titus Fire/ Siskiyou County	Terry Jacobs	Heavy Lift Helicopters	
8/4/2006	Titus Fire/ Siskiyou County	Andrei Pantchenko	Heavy Lift Helicopters	
9/6/2006	Mountain Fire/ Tulare county	George "Sandy" Willett	DynCorp	Spouse: Judy Willett
7/23/2007	Happy Camp/ Siskiyou County	Dennis Davis	Idaho Helicopters	
8/5/2008	Iron 44 Fire/ Shasta County	Roark Schwabenberg	Carson Helicopters	Spouse: Christine Schwabenberg
9/1/2008	Smitty Fire/ Calaveras County	Zachary VanderGriend	Neptune Aviation	Sister: Adrianna
9/1/2008	Smitty Fire/ Calaveras County	Greg Gonsioroski	Neptune Aviation	Spouse: Kim Gonsioroski-Irgoin
9/1/2008	Smitty Fire/ Calaveras County	Calvin Wahlstrom	Neptune Aviation	Children: Gabe, Grady, Grace
10/7/2014	Dog Rock Fire/ Yosemite	Geoffrey "Craig" Hunt	DynCorp	Spouse: Joyce Wahlstrom
				Spouse: Sara Hunt

## Amount of PSOB Death and Disability Benefits

<u><i>Date of Death</i></u>	<u><i>Benefit Amount</i></u>
<u>9/26/76 to 5/31/88 (Fiscal Years 1977- part 1988)</u>	<u>\$50,000</u>
<u>6/01/88 to 9/30/88 (Part Fiscal Year 1988)</u>	<u>\$100,000</u>
<u>10/01/88 to 9/30/89 (Fiscal Year 1989)</u>	<u>\$103,890</u>
<u>10/01/89 to 9/30/90 (Fiscal Year 1990)</u>	<u>\$109,460</u>

<u><i>Date of Death or Injury</i></u>	<u><i>Benefit Amount</i></u>
<u>10/01/90 to 9/30/91 (Fiscal Year 1991)</u> <i>(For disability claims, this amount applies to injuries occurring from 11/29/90 to 9/30/91)</i>	<u>\$114,235</u>
<u>10/01/91 to 9/30/92 (Fiscal Year 1992)</u>	<u>\$119,894</u>
<u>10/01/92 to 9/30/93 (Fiscal Year 1993)</u>	<u>\$123,520</u>
<u>10/01/93 to 9/30/94 (Fiscal Year 1994)</u>	<u>\$127,499</u>
<u>10/01/94 to 9/30/95 (Fiscal Year 1995)</u>	<u>\$130,416</u>
<u>10/01/95 to 9/30/96 (Fiscal Year 1996)</u>	<u>\$134,571</u>
<u>10/01/96 to 9/30/97 (Fiscal Year 1997)</u>	<u>\$138,461</u>
<u>10/01/97 to 9/30/98 (Fiscal Year 1998)</u>	<u>\$141,556</u>
<u>10/01/98 to 9/30/99 (Fiscal Year 1999)</u>	<u>\$143,943</u>
<u>10/01/99 to 9/30/00 (Fiscal Year 2000)</u>	<u>\$146,949</u>
<u>10/01/00 to 12/31/00 (Part Fiscal Year 2001)</u>	<u>\$151,635</u>
<u>1/01/01 to 9/30/01 (Part Fiscal Year 2001)</u>	<u>\$250,000</u>
<u>10/01/01 to 9/30/02 (Fiscal Year 2002)</u>	<u>\$259,038</u>
<u>10/01/02 to 9/30/03 (Fiscal Year 2003)</u>	<u>\$262,100</u>
<u>10/01/03 to 9/30/04 (Fiscal Year 2004)</u>	<u>\$267,494</u>
<u>10/01/04 to 9/30/05 (Fiscal Year 2005)</u>	<u>\$275,658</u>

<u>10/01/05 to 9/30/06 (Fiscal Year 2006)</u>	<u>\$283,385</u>
<u>10/01/06 to 9/30/07 (Fiscal Year 2007)</u>	<u>\$295,194</u>
<u>10/01/07 to 9/30/08 (Fiscal Year 2008)</u>	<u>\$303,064</u>
<u>10/01/08 to 9/30/09 (Fiscal Year 2009)</u>	<u>\$315,746</u>
<u>10/01/09 to 9/30/10 (Fiscal Year 2010)</u>	<u>\$311,810</u>
<u>10/01/10 to 9/30/11 (Fiscal Year 2011)</u>	<u>\$318,111.64</u>
<u>10/01/11 to 9/30/12 (Fiscal Year 2012)</u>	<u>\$323,035.75</u>
<u>10/01/12 to 9/30/13 (Fiscal Year 2013)</u>	<u>\$328,612.73</u>
<u>10/01/13 to 9/30/14 (Fiscal Year 2014)</u>	<u>\$333,604.68</u>
10/01/14 to 9/30/15 (Fiscal Year 2015)	\$339,310.00