

# Tort & Miscellaneous Claim Form

(Be Sure to Read and Follow All Instructions)

PLEASE TYPE OR WRITE LEGIBLY.

**FOR OFFICE USE ONLY**

**Agenda Item #** 15

**Date** 12/15/21

\* Indicates REQUIRED fields

Only COMPLETED and SIGNED Claim Forms will be accepted by the Office of Risk Management

<input type="checkbox"/> TORT CLAIM Neb. Rev. Stat. § 81-8,209-§ 81-8,235		<input type="checkbox"/> MISCELLANEOUS CLAIM Neb. Rev. Stat. § 81-8, 294-§ 81-8, 301	
1. Claimant's Name * <u>Joe Lockett</u>		2. Daytime Phone Number * (with area code)	3. Alternate Phone Number
4. Street Address * <u>3216 West Van Dorn St</u>		5. Place of Occurrence (Address/Roadway) <u>Dodge County</u>	6. Date of Occurrence * <u>10-26-2018</u>
7. City, State *		8. Email Address	9. Total Amount of Claim * <u>One Million Dollars</u>
10. ZIP + FOUR * <u>68542</u>	11. State Employee? * <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	12. Is Claim Work Related * <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	13. If Yes, What Is Agency Name? * <u>Dodge County</u>
14. Check All Types of Verification Attached to Prove Actual Damages ( Please keep copies of all documentation submitted.)			
<input type="checkbox"/> Photos	<input type="checkbox"/> Invoices	<input type="checkbox"/> Receipts	<input type="checkbox"/> Paid Bills
<input checked="" type="checkbox"/> Police Report	<input type="checkbox"/> Notice of Reimbursement	<input type="checkbox"/> Estimates	<input type="checkbox"/> Medical Bills
<input type="checkbox"/> Expense Report	<input type="checkbox"/> Other		
15. Do You Have Insurance Covering This Claim? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. Deductible \$	
If Yes, Has the Insurance Company Made Payments? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Amount \$	
17. Name and Address of Insurance Company & Insurance Policy Number			
18. Name and Address of Attorney, if any <u>Prose</u>			

Provide detailed itemization of all known facts/circumstances/damages leading to your claim. Identify all property, places, and people involved. Include names, addresses and phone numbers of witnesses, if any. The information provided herein, along with the findings of the investigating agency, will form the basis of any decision. I understand that, by statute, investigation of my claim can take up to six months.

I Joe Lockett was convicted based on false evidence and misconduct by the Law enforcement and prosecutor Oliver Glass/Craig Harbaugh and Dodge County Sheriff Christian M. Frerichs for presenting false evidence to convict Joe Lockett (2) these issues of law enforcement/ and prosecutor misconduct involve matters associated with how the officers shaped the testimony of the witness (3) Oliver Glass used his position to obtain information on things he needed done by employee in his office or people in law enforcement or the Hooper Police department and Dodge County Sheriff office from the Fremont Police department. (4) Oliver Glass corruption all happen on October 26, 2018. He also accused of enlisting the help of county employees in the criminal activity he had going on everyone knew what every case he had (Judge Geoffrey Hall & Judge Vampola Kenneth signed off on them for him because they were best friends. (5) ALL the officers that was on my case at the time was under investigation by the Grand jury or the FBI Craig Harbaugh, Christian M. Frerichs. I was denied my rights to due process of law and right to a jury trial. (6) Tampering with witnesses/Victim-suspect. (7) Questioning a minor child without a parent or state worker at the time of arrest and when she did the interview. (8) Failing to investigation the phone number that was texting her by the tag "USMC/LDMC Mr. Glass did not do a investigation.

sign here Joe Lockett (Claimant's Signature) 11-29-21 (Date)

Under penalties of law, I declare that I have examined this statement and that it is, to the best of my knowledge and belief, true, complete, and correct, and that I am duly authorized to sign this statement.

If submitted electronically: I agree that my typed signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

Claim form and supporting documents can be emailed to: [as.riskmanagement@nebraska.gov](mailto:as.riskmanagement@nebraska.gov)  
Or mailed to: Office of Risk Management, PO Box 94974, Lincoln, NE 68509-4974  
Questions? Call us at (402) 471-2551 Monday-Friday 8:00 AM - 5:00 PM (Central Time)



Make and keep copies of all documentation submitted

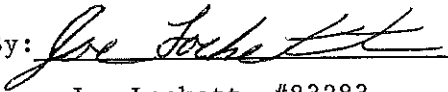
- (9) The victim was transported to project Harmony for a interview where she told them that they was making her tell on me. they threatened to charge her with obstruction and false reporting and lying to a sheriff office so that don't make her a victim, Oliver Glass was in charge of all this along with dodge county Sheriff department.
- (10). They used a criminal database to collect information on people when he was not doing his job as a county attorney. This has been going on with dodge county for a long while.
- (11). Everything Oliver Glass did as a county attorney and was corrupted and they all played a role in what he was doing as a county attorney.
- (12) I asked my Attorney Adam Tripp if I can get a new attorney on the case and he told me no then I asked him can he go ask Oliver Glass and the Judge move my case some where else so I will have a real trial.
- (13) Evidence tampering/Extortion/ and briber against Dodge County, Oliver Glass, Sheriff Christian M. Frerichs, Craig Harbaugh and all employees involved with my case and the corruption. tampering with evidence in my case

This lawsuit/Tort claim is being filed by Joe Lockett for one million dollars from each individuals involved with the false evidence, corruptions, and tampering with evidence to convicted me wrongly.

CERTIFICATE OF SERVICE

I Joe Lockett hereby certify that on this 29 day of November 2021, I caused a true and correct copy of the tort claim to be mailed by U.S. mail postage prepaid to the following individual.

Fred Mytty, Clerk  
435 N. Park  
Fremont, Ne 68025

By:   
Joe Lockett, #83283  
P.O. box 22800  
Lincoln, Ne 68542