CENTRAL SAN JOAQUIN VALLEY
RISK MANAGEMENT AUTHORITY

CLAIM FORM
(Please Type Or Print)

RECEIVED
JUN 21 2011
CITY CLERK'S OFFICE

CLAIM AGAINST CITY OF LEMOORE
(Name of Entity)

Claimant's Name ISRAEL PEREZ S.S. #: [redacted]

Claimant's Date of Birth 11/20/71 Telephone # ([redacted]

Claimant's Address [redacted] TAMMY LANE APT. [redacted] Gender: Male ✓ Female

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

N/A

Date of Incident/Accident/Arrest: 6/20/11

Date Injuries, Damages or Losses were discovered: 6/20/11

Location of Incident/Accident/Arrest: THE VEHICLE WAS PARKED IN THE STREET NEXT TO THE BASEBALL/CITY DOG PARK.

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

THE CITY EMPLOYESS WERE MOWING THE PARK WHEN A ROCK RICOCHET OUT OF ~~THE~~ ONE OF THE MOWERS A BROKE MY FRONT WINDOW TO MY CAR.

(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)?

THERE WERE THREE EMPLOYEES ATTHE PARK, ONE WAS NAMED ERIC, THE OTHER TWO NAMES WE DID NOT GET, BUT WE HAVE PICTURES OF ALL THREE.

What specific Injuries, Damages or Losses did Claimant receive? THE ONLY DAMAGE IS MY FRONT WINDSHIELD.

(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)]

I AM GETTING THE REPAIRS DONE TODAY. THE POLICE SAID IT WAS UNDRIVABLE I JUST WANT REIMBERSEMENT THE COST WILL BE $248.00

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

How was this amount calculated (please itemize)? I CONTACTED A LOCAL WINDSHIELD REPAIR COMPANY THAT COULD DO IT TODAY SO I DONT MISS ANY WORK.

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

Date Signed: 6/20/11 Signature: Israel R

If signed by Representative:

Representative's Name

Address

Telephone #

Relationship to Claimant

1/03 Revision