CENTRAL SAN JOAQUIN VALLEY
RISK MANAGEMENT AUTHORITY

CLAIM FORM
(Please Type Or Print)

RECEIVED
SEP 13 2011
CITY CLERK'S OFFICE

Item 3F

CLAIM AGAINST City of Lemoore
(Name of Entity)

Claimant's Name Daniel Lee Hernandez S.S. #: [redacted]

Claimant's Date of Birth [redacted] Telephone # (559) [redacted]

Claimant's Address [redacted] Janine Way Apt [redacted] Lemoore, CA. 93245 Gender: Male ✓ Female

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

Date of Incident/Accident/Arrest: September. 12. - 2011.

Date Injuries, Damages or Losses were discovered: September 12-2011.

Location of Incident/Accident/Arrest: [redacted] Janine Way Lemoore CA. 93245

What did Entity or Employee do to cause this Loss, Damage or Injury?
When City Employee pulled out Dumpster it Hit The RT. Front Fender of my Vehicle. There is paint Transfer from Dumpster to my Vehicle
(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)?
Unknown.

What specific Injuries, Damages or Losses did Claimant receive? Damage was done. To RT. Front Fender. Body Paint & dent.
(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)]
See Estimate for Damage + Rent a Vehicle. 1,070,55
30th day for four days is $120.00 = $1,190.55
(Use back of this form or separate sheet if necessary to answer this question in detail.)

How was this amount calculated (please itemize)? See Estimate for Damage. $1,070,55 + 30th day for Four. day's is 120.00 = $1,190.55
(Use back of this form or separate sheet if necessary to answer this question in detail.)

Date Signed: September 13-2011. Signature: [signature]

If signed by Representative:

Representative's Name

Address

Telephone #

Relationship to Claimant

1/03 Revision