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SEP 08 2011

Item 3E

CITY CLERK'S OFFICE

CLAIM AGAINST City of Lemoore (Name of Entity)

Claimant's Name Judy M. Christensen S.S. #: [redacted]

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

Claimant's Address [redacted] Antelope Dr. Gender: Male Female [checked]

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

Date of Incident/Accident/Arrest: April 15, 11 to June 15, 11

Date Injuries, Damages or Losses were discovered: August 2, 11

Location of Incident/Accident/Arrest: [redacted] Antelope Dr. Lemoore, Ca

What did Entity or Employee do to cause this Loss, Damage or Injury? City/subcontractor Ran heavy equipment on the front lawn over/near private well. The heavy equipment was some sort of drill. It shook the ground so hard it damaged the well. Claimant initially refused the entry onto the property. (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)? AC Electric Company. Isaac Obel-Jorgensen, Service and special Projects manager. (559)-233-2208.

What specific Injuries, Damages or Losses did Claimant receive? Damaged well, which eventually collapsed, causing all water to stop. (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)] \$5,500.00 This offer is made for settlement purposes only, and is not to be deemed an admission. (Use back of this form or separate sheet if necessary to answer this question in detail.)

How was this amount calculated (please itemize)? Damage costs to the well, i.e. plumbing, pump etc. Actual amount city is asking for back-up to water revolving loan and city is asking for

Date Signed: 9-9-11 Signature: [Signature]

If signed by Representative: Representative's Name Address Telephone # Relationship to Claimant