ITEM 4F

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JUN 18 2012

CITY CLERK'S OFFICE

CENTRAL SAN JOAQUIN VALLEY RISK MANAGEMENT AUTHORITY

CLAIM FORM

(Please Type Or Print)

CLAIM AGAINST The City of Lemoore
(Name of Entity)

Claimant's Name Maria Belen Parra S.S. #: [redacted]

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

Claimant's Address [redacted] Elm st. Visalia Ca 93291 Gender: Male ____ Female ✓

Address where Notices about Claim are to be sent, if different from above:
2054 N. Chateau Way Hanford Ca 93230

Date of Incident/Accident/Arrest: 12-07-11

Date Injuries, Damages or Losses were discovered: 05-30-12 when vehicle was returned to see attatchment's. of vehicle report.

Location of Incident/Accident/Arrest: 13th and Grangeville. Hanford Ca 93230

What did Entity or Employee do to cause this Loss, Damage or Injury?
Lemoore Evidence Technician had posession of the 2007 Chrysler 300. On 05-30-12 went to Hanford Chrysler for an inspection and estimate of damages. Three pages are attached for specific detail.
(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)?
Lemoore Evidence Technician's

What specific Injuries, Damages or Losses did Claimant receive? 1) automatic transaxle 4speed gearshift control 2) instrument panel and radios and consoles
(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 attched
(Use back of this form or separate sheet if necessary to answer this question in detail.)

How was this amount calculated (please itemize)? estimate attatched / Hanford CHRYSLER Dodge JEEP Ram dealership provided estimate for REPAIRS
(Use back of this form or separate sheet if necessary to answer this question in detail.)

Date Signed: 6/18/12 Signature: Maria Parra

If signed by Representative:

Representative's Name ____

Address ____

Telephone # ____

Relationship to Claimant ____

1/03 Revision