CENTRAL SAN JOAQUIN VALLEY RISK MANAGEMENT AUTHORITY

CLAIM FORM

(Please Type Or Print)

CLAIM AGAINST Lemoore Police Dept. / City of Lemoore
(Name of Entity)

Claimant's name: MARIANNE LYONS-PENTON

SS#: [redacted] DOB: [redacted] Gender: Male ____ Female X

Claimant's address: [redacted] GREYSTONE Telephone: 559-[redacted]

Address where notices about claim are to be sent, if different from above: ____

Date of incident/accident: 6-4-13

Date injuries, damages, or losses were discovered: 6-4-13

Location of incident/accident: HANFORD ARMONA Rd. & 18th Av.

What did entity or employee do to cause this loss, damage, or injury? Unsafe start against the red light resulting in colliding into me & totaling 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)? JEANETTE KAY HANES

What specific injuries, damages, or losses did claimant receive? TOTAL Loss of vehicle, injured RIGHT BREAST, left hip & hamstring, (P.T.S.D, Emotional Duress) ANXIETY
(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 the 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)]
Superior COURT unlimited civil case

How was this amount calculated (please itemize)? ① ~~Estimated~~ Loss of use 20$ @ 90 days $1800.00 ② Loss of vehicle $20,000.- ③ Estimated Medical $10,000.- ④ PAIN & Suffering $50,000.-
(Use back of this form or separate sheet if necessary to answer this question in detail.)

Date Signed: 6/23/13 Signature: Marianne Penton

If signed by representative:

Representative's Name ____ Address ____

Telephone # ____

Relationship to Claimant ____

CITY CLERK'S OFFICE

JUN 25 2013

RECEIVED