

RECEIVED

CLAIM FORM

JAN 08 REC'D

(Please Type Or Print)

CITY CLERK'S OFFICE

CLAIM AGAINST City of Lemoore
(Name of Entity)

Claimant's name: Mary L. Huff

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

Claimant's address: [redacted], Lemoore Telephone: [redacted]

Address where notices about claim are to be sent, if different from above:
[redacted]

Date of incident/accident: 12.3.12

Date injuries, damages, or losses were discovered: 12.3.12

Location of incident/accident: 208 W. "D" Street, Lemoore CA 93245

What did entity or employee do to cause this loss, damage, or injury? Tree on City Street roof-bound, causing definite lift of concrete. I tripped on raised concrete. And fell face forward.
(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)? N/A

What specific injuries, damages, or losses did claimant receive? Scratched Eye glasses. Abrasion to Bridge of Nose. Loosened front tooth/teeth. Abrasion over left nostril/lip area. Skinned right knee cap.
(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)]

\$210.00 for replacement of glasses.

How was this amount calculated (please itemize)? Using Itemized Statement from previous purchase in May 2012.
(Use back of this form or separate sheet if necessary to answer this question in detail.)

Date Signed: 1/8/13 Signature: Mary L Huff

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



**FASHION FRAMES * CONTACT LENSES
PRESCRIPTION LENSES**

ONLINE SHOPPING: COSTCO.COM
MEMBER SERVICE: (800) 774-2678

Tax ID#: 91-1223280. Costco Wholesale does not accept assignment.
Please forward reimbursements directly to the Costco member at address below.

INVOICE DATE
5/10/12

INVOICE NO.
4441373 2012

PROFILE NO.
8080996

MEMBER NO.
[REDACTED]

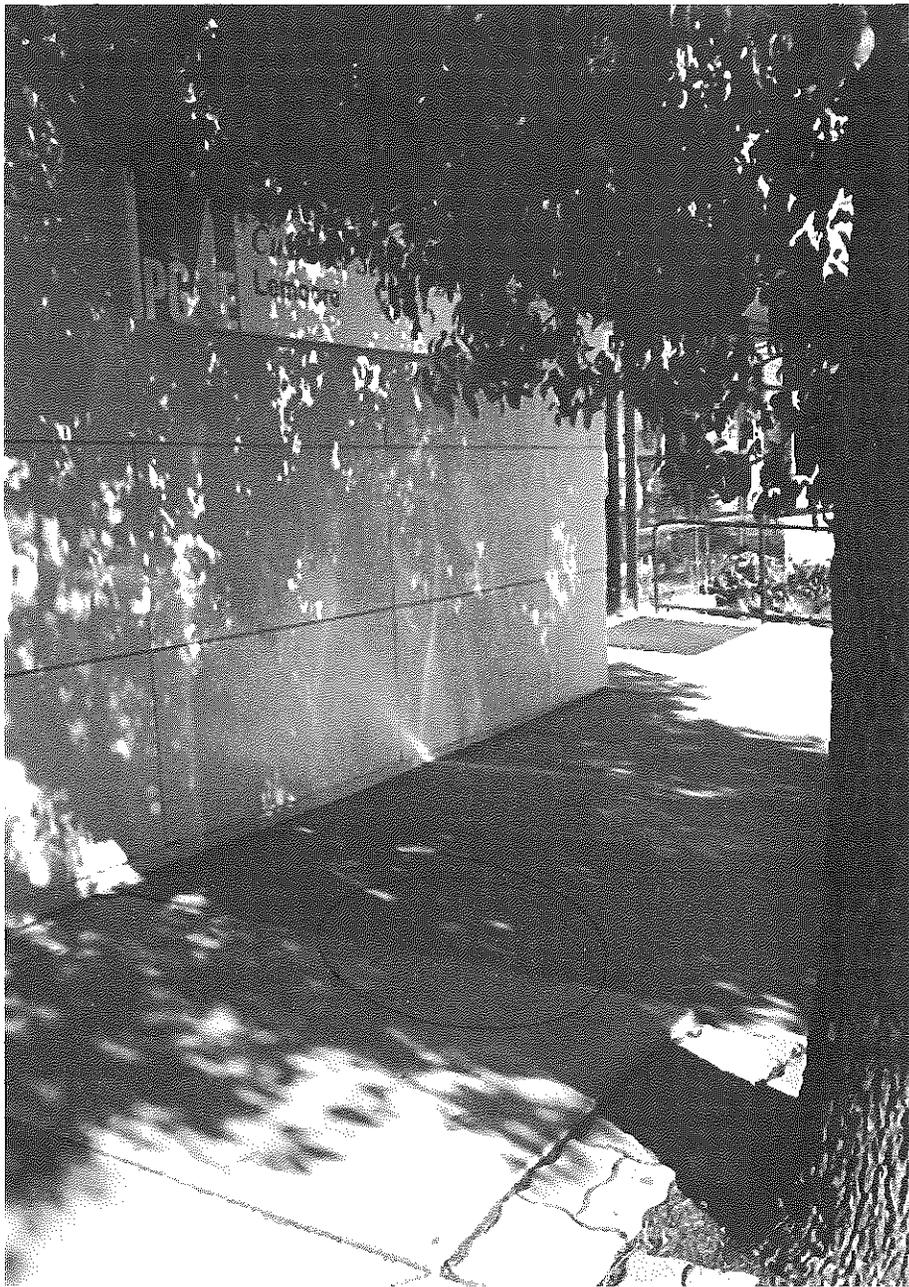
OPTICAL DEPT.
1017 VISALIA
1405 W. CAMERON AVE.
VISALIA, CA 93277
559 625-3915

PATIENT
HUFF, MARY
[REDACTED]
LEMOORE, CA 93245-9660
[REDACTED]

| PRESCRIBING DOCTOR | Rx WRITTEN | Rx EXPIRES | OPTICIAN | CASE |
|-----------------------------|---------------|---|------------------|-----------|
| Dr Lee, Od | 5/10/12 | 5/10/14 | TL | |
| EYEGASSES | | | | |
| DIST. | SPHERE | CYL. | AXIS | |
| R | +2.250 | -500 | 162 | |
| L | +1.750 | -2.500 | 35 | |
| ADD | ADD | SEG HGT | DIST P.D. | |
| R | 2.75 | 19.0 | 30.0 | |
| L | 2.75 | 19.0 | 32.0 | |
| SPECIAL INSTRUCTIONS | | | | |
| Frame Source SUPPLIED | | | | |
| QTY | ITEM | DESCRIPTION | UNIT PRICE | EXTENSION |
| 1 | 577446 | Link L4097 | 49.99 | 49.99 |
| 1 | 766199 | 52/18/130 Brown Anti Reflective Treatment | 29.99 | 29.99 |
| 1 | 856388 | Prog Bif Poly Trans Brn Ovation Transition Brown | 129.99 | 129.99 |
| TOTAL: | | | 209.97 | |

SLIP PRINT





East View



West View

