

Mayor
William Siegel
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**Office of the
City Manager**

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Staff Report

ITEM 4E

To: Lemoore City Council
From: Janie Venegas, Administrative Secretary / City Clerk
Date: February 13, 2014
Subject: Claim for Marianne Lyons-Penton

A handwritten signature in blue ink, appearing to be "J. Venegas", is written over a horizontal line.

Discussion:

AIMS has suggested the City issue a Notice of Rejection Under Operation of Law in order to establish a six month civil status. Please be advised the Property portion of the claim has been resolved and this is specific to the Personal Injury portion of the claim.

Budget Impact:

Unknown at this time.

Recommendation:

That the City Council, by motion, approve the Notice of Rejection for Marianne Lyons-Penton.

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)? _____

JEANNETTE 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: _____

If signed by representative: _____

Representative's Name _____ Address _____

Telephone # _____

Relationship to Claimant _____

CITY CLERK'S OFFICE

JUN 25 2013

RECEIVED