

Mayor
Lois Wynne
Mayor Pro Tem
Jeff Chedester
Council Members
Ray Madrigal
Eddie Neal
William Siegel



**Office of the
City Clerk**

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Lemoore, CA 93245
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Staff Report

ITEM 2-3

To: Lemoore City Council
From: Janie Venegas, City Clerk 
Date: April 2, 2015
Subject: Claim for Carlos Rosales

Meeting Date: April 7, 2015

Discussion:

AIMS has suggested the City issue a Notice of Rejection Under Operation of Law in order to establish a six month civil status.

Budget Impact:

Unknown at this time.

Recommendation:

That the City Council, by motion, approve the Notice of Rejection for Carlos Rosales.

CENTRAL SAN JOAQUIN VALLEY RISK MANAGEMENT AUTHORITY

CLAIM FORM

CITY CLERK'S OFFICE

(Please Type Or Print)

MAR - 4 2015

CLAIM AGAINST City of Lemoore
(Name of Entity)

RECEIVED

Claimant's name: Carlos Rosales

SS#: _____ DOR: _____ Gender: Male Female _____

Claimant's address: _____ Telephone: _____

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

Date of incident/accident: Sunday - 4:30 - 5:00

Date injuries, damages, or losses were discovered: Car Flooded Materials

Location of incident/accident: 96 E D St Apt B

What did entity or employee do to cause this loss, damage, or injury? _____

(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)? _____

What specific injuries, damages, or losses did claimant receive? Whole Car and Materials
In Side Car 1997 Honda Accord

(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)]

How was this amount calculated (please itemize)? \$2500.00

(Use back of this form or separate sheet if necessary to answer this question in detail.)

Date Signed: 3-4-15 Signature: _____

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