



CENTRAL SAN JOAQUIN VALLEY  
RISK MANAGEMENT AUTHORITY

CLAIM FORM  
(Please Type Or Print)

Adventist  
Health?

received  
09-26-06

CLAIM AGAINST 110R Emergency medical Group  
American Ambulance-Kings  
(Name of Entity)

Claimant's Name Arlene Mayhew s.s. #: 554-35-8267

Claimant's Date of Birth 01/21/1954 Telephone # (559) 924-1593

Claimant's Address 1267 chimney way Lemore, CA  
93245

Address where Notices about Claim are to be sent, if different from above:

Date of Incident/Accident/Arrest: 04/08/06

Date Injuries, Damages or Losses were discovered:

Location of Incident/Accident/Arrest: 1267 chimney way

What did Entity or Employee do to cause this Loss, Damage or Injury?  
daughter called 911 and thought  
mother over dosed.

(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)?  
~~Robert~~

What specific Injuries, Damages or Losses did Claimant receive? undereerved  
Ambulance Fees and medical Attention

(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)]  
Total 6,903.64 plus occurring  
interest.

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

How was this amount calculated (please itemize)? By total Amount  
shown on each Bill.

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

Date Signed: 09/13/06 Signature: Arlene R. Mayhew

If signed by Representative:  
Representative's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Relationship to Claimant \_\_\_\_\_