



ITEM 3.D received 03/21/07 SUB

CLAIM AGAINST City of Lemoore (Name of Entity)

Claimant's Name Gabriel Cervantes S.S. #: 561-49-9672

Claimant's Date of Birth 07/26/60 Telephone # (559) 954-1344

Claimant's Address 88 SOMERSET DRIVE Lemoore, Calif. 93245

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

SAME AS ABOVE

Date of Incident/Accident/Arrest: 2/15/07

Date Injuries, Damages or Losses were discovered: 2/15/07

Location of Incident/Accident/Arrest: 88 SOMERSET DR. (RESIDENCE DRIVEWAY)

What did Entity or Employee do to cause this Loss, Damage or Injury?

When shopping center was being built we petitioned for that walkway not to be built but was built anyway ever since we had a lot of vandalism writing on the wall a lot of trash, an intruder went through several houses on the street

(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? Both the driver's side tires were slashed while truck parked on driveway

(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)]

The replacement of tires 362.41

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

How was this amount calculated (please itemize)? 362.41

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

Date Signed: 3/15/07 Signature: Gabriel Cervantes

If signed by Representative:

Representative's Name

Address

Telephone #

Relationship to Claimant