



received
07/11/07 *ujb*

CLAIM AGAINST CITY OF LEMOORE
(Name of Entity)

Claimant's Name ZEBADIAH L. RICHTER s.s. #: 522-57-8921

Claimant's Date of Birth 2/8/79 Telephone # (559) 345-2510

Claimant's Address 899 DOGWOOD AVE. APT. 5B, LEMOORE, CA 93245

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

SAME AS ABOVE

Date of Incident/Accident/Arrest: 26TH & 27TH OF JUNE, 2007.

Date Injuries, Damages or Losses were discovered: JULY 2, 2007.

Location of Incident/Accident/Arrest: AT THE ADDRESS ABOVE

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

PUT DOWN OIL & SAND IN THE LOCAL NEIGHBORHOOD, INCLUDING DOGWOOD AVE. IN AN ATTEMPT TO WASH THE UNAVOIDABLE GRIME OFF MY VEHICLE, THE ABRASIVE SAND SCRATCHED THE PAINT & WHEELS.

(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)?

UNKNOWN

What specific injuries, Damages or Losses did Claimant receive? SCRATCHED PAINT AND ESPECIALLY SCRATCHED RIMS, WHICH WERE OTHERWISE FLAWLESS. (SEE PICTURES)

(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)]

\$ 668.18

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

How was this amount calculated (please itemize)? \$ 145⁰⁰ PER WHEEL, PLUS SHIPPING & HANDLING. (SEE INCLUDED PAPERWORK)

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

Date Signed: 7/10/07 Signature: *[Handwritten Signature]*

If signed by Representative:

Representative's Name _____

Address _____

Telephone # _____

Relationship to Claimant _____