



CENTRAL SAN JOAQUIN VALLEY RISK MANAGEMENT AUTHORITY

CLAIM FORM (Please Type Or Print)

received 04/25/07 JVB

CLAIM AGAINST City of Lemoore (Name of Entity)

Claimant's Name STELLA MENDOZA S.S. #: 567 -64 -6283

Claimant's Date of Birth 8-5-46 Telephone # (559) 924 7062

Claimant's Address 104 E. STREET LEMOORE CA 93245

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

SAME

Date of Incident/Accident/Arrest: 4-22-07

Date Injuries, Damages or Losses were discovered: 4-22-07

Location of Incident/Accident/Arrest: Carmel St. Between Stinson and Silverado

What did Entity or Employee do to cause this Loss, Damage or Injury? City employee did not properly recover man-hole (drainage) therefore resulting in an accident that totaled the injured party's (Stella Mendez) 1993 Dodge Minivan

(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)?

"City of Lemoore" employee name unknown (Public Works)

What specific Injuries, Damages or Losses did Claimant receive? Total loss of 1993 Dodge Minivan (minor) injuries to driver (Dr Report can be provided) Damages also to a 2nd vehicle

(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)]

Bluebook value for vehicle 1993 Dodge Minivan Vin# 1B46H44 R8PX538984 Also, Vacuum (\$300.00) was broken at time of accident

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

How was this amount calculated (please itemize)? Bluebook value of Minivan - \$2500.00 Vacuum - \$300.00

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

Date Signed: 4-24-07 Signature: Stella Mendez

If signed by Representative:

Representative's Name

Address

Telephone #

Relationship to Claimant