



CITY CLERK'S OFFICE

CLAIM AGAINST City of Lemoore (Name of Entity)

Claimant's Name JAVIER HERNANDEZ S.S. # 566-23-3602

Claimant's Date of Birth 3-30-59 Telephone # (559) 924-6329

Claimant's Address 961 GENEVA DR. LEMOORE

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

Date of Incident/Accident/Arrest: 4-30-08

Date Injuries, Damages or Losses were discovered: 4-30-08

Location of Incident/Accident/Arrest: GENEVA DR.

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

The city street had debris the debris had tile that slashed the tire.

(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)?

The Lemoore city street had debris and was in the road that caused a slashed tire (passenger rear tire).

What specific Injuries, Damages or Losses did Claimant receive?

We had a slashed tire and had to replace it @ \$100.31 in cost.

(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(a)]

100.31 cost of tire replacement only.

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

How was this amount calculated (please itemize)?

Please see invoice for calculated amount.

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

Date Signed: 5/1/08 Signature: Javier Hernandez

If signed by Representative:

Representative's Name

Address

Telephone #

Relationship to Claimant