



FEB 26 2009

(Please Type APR 2009)

Amended 4-10-09 Km City of Lemoore

CITY CLERK'S OFFICE CITY CLERK'S OFFICE

CLAIM AGAINST

Claimant's Name

Rita Ann Moreno

S.S. #:

Claimant's Date of Birth

Telephone # (559)

Claimant's Address

Street Lemoore, CA

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

Date of Incident/Accident/Arrest:

JAN 26th 2009

Date Injuries, Damages or Losses were discovered:

JAN 27th 2009

Location of Incident/Accident/Arrest:

FOX & D STREET LEMOORE.

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

In front of Investors Funding Real Estate, facing East. Walking to the bank and tripped over the unlevel sidewalk.

(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)?

NONE

What specific Injuries, Damages or Losses did Claimant receive?

XRAY'S SHOW DAMAGES TO THE LEFT KNEE, DIAGNOSIS BEFORE MRI (POTELLASTIT)

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

Look on back

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)]

Any medical bills caused during injury Any financial loss during injury UNLIMITED SUPERIOR COURT.

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

Date Signed:

2-26-09

Signature:

Rita Moreno

If signed by Representative:

Representative's Name

Address

Telephone #

Relationship to Claimant

I have not been able to work since the incident. I had to request State Disability. I still need to have A MRI done on Feb 27th 2009.

PLEASE READ — IMPORTANT!

Your claim must be filed within 6 months of the incident (Government code 911.2)

Your claim will be forwarded to the City's Risk Manager for investigation. Following that, your claim will be either settled or denied. You will be notified by mail.

If your claim is denied, you will have 6 months from date of denial to initiate an action against the city (Government code 945.6) Our hope is that you will be treated fairly. If you have any questions please call.