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NOV 06 2009

CLAIM AGAINST City of Lemoore - Roads  
(Name of Entity)

CITY CLERK'S OFFICE

Claimant's Name Cheryl Symonds S.S. #: [REDACTED]

Claimant's Date of Birth 11/12/69 Telephone # ( 559 ) [REDACTED]

Claimant's Address [REDACTED] Tamarack Ln Lemoore

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

Date of Incident/Accident/Arrest: 10/31/09

Date Injuries, Damages or Losses were discovered: 10/31/09

Location of Incident/Accident/Arrest: Hanford/Armona Rd, between the front of KMart & Liberty dr.

What did Entity or Employee do to cause this Loss, Damage or Injury?  
Pavement where hole was dug out for cover wasn't marked

(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)?  
n/a

What specific Injuries, Damages or Losses did Claimant receive? While driving down Hanf/Arm. Rd headed west, car ran over unmarked hole in pavement and blew out tire

(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)]  
Reimb. of new tire, 106.87 see receipt

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

How was this amount calculated (please itemize)? Receipt attached

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

Date Signed: 11/6/09 Signature: Cheryl Symonds

If signed by Representative:  
Representative's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Relationship to Claimant \_\_\_\_\_