



RECEIVED

JAN 20 2009

CLAIM AGAINST City of Lemoore (Name of Entity) CITY CLERK'S OFFICE

Claimant's Name Veronica Velasquez S.S. # [REDACTED]

Claimant's Date of Birth [REDACTED] Telephone # (559) [REDACTED]

Claimant's Address [REDACTED] Lacey Blvd Hanford ca 93230

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

Date of Incident/Accident/Arrest: 1-16-09

Date Injuries, Damages or Losses were discovered: 1-16-09

Location of Incident/Accident/Arrest: Redington and 10th ave.

What did Entity or Employee do to cause this Loss, Damage or Injury?
Trash truck had open lift and hit windshield of my front window not sure if it was a wood or metal crack window.
(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)?

What specific Injuries, Damages or Losses did Claimant receive? Replace Windshield \$260

(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)]

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

How was this amount calculated (please itemize)? \$260

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

Date Signed: 1-20-09 Signature: V. Velasquez

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