



JUL 09 2010

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

Claimant's Name RILEY L. DALE S.S. # [REDACTED]

Claimant's Date of Birth 1 MAY 54 Telephone # (559) [REDACTED] LEAVE (MESSAGE)

Claimant's Address [REDACTED] BEVERLY DR [REDACTED]

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

SAME

Date of Incident/Accident/Arrest: 7 JULY 10

Date Injuries, Damages or Losses were discovered: PUNCTURED LEFT REAR TIRE

Location of Incident/Accident/Arrest: 18th & LEMOORE AVE ACROSS FROM MI MIDDLE SCHOOL

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

I WAS DRIVING TO CHURCH ON LEMOORE AVE WHEN I RAN OVER ONE OF THOSE LARGE IRON PLATES IN THE ROAD AND THE EXPOSE CORNER PUNCTURED MY LEFT REAR TIRE I COULDN'T GET OVER CAUSE OF A CAR IN THE NEXT LANE TO MY RIGHT

(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? PUNCTURED LEFT REAR 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)]

265/70R16 (ONE TIRE) TOTAL \$16743 (CURB DAMAGE) hit on steel plate middle of road

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

How was this amount calculated (please itemize)?

Date Signed: 8 JULY 10 Signature: Riley L. Dale

If signed by Representative:

Representative's Name

Address

Telephone #

Relationship to Claimant