

OCT. 26. 2009 3:31PM

CITY OF LEMOORE

NI 1293 P. 2

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Item 3G

OCT 28 2009



CENTRAL SAN JOAQUIN VALLEY
RISK MANAGEMENT AUTHORITY

CLAIM FORM
(Please Type Or Print)

CITY CLERK'S OFFICE

CLAIM AGAINST Lemoore Police Department
(Name of Entity)

Claimant's Name Edward Corum

S.S. #:

Claimant's Date of Birth

Telephone # 559

Claimant's Address

Sullivan St Coalinga, CA 93210

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

Date of Incident/Accident/Arrest:

10/07/09

Date Injuries, Damages or Losses were discovered:

10/07/09

Location of Incident/Accident/Arrest:

Hwy 198 & 18th Ave

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

Caused accident

(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)?

police officer Smith

What specific Injuries, Damages or Losses did Claimant receive?

passenger side damage

(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" (Government Code 810.6)

unknown, contact Bement's Auto Body in Coalinga
\$1503.54 + Rental

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

How was this amount calculated (please itemize)?

unknown same as above

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

Date Signed:

10/28/09

Signature:

[Signature]

If signed by Representative:

Representative's Name

Address

Telephone #

Relationship to Claimant