



DEC 3 2009

CLAIM AGAINST City of Lemoore - Civic Auditorium OFFICE
(Name of Entity)

Claimant's Name Rosa Benitez S.S. #: [REDACTED]

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

Claimant's Address [REDACTED] E. Cinnamon Dr. Lemoore CA 93245

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

Date of Incident/Accident/Arrest: October 10, 2009

Date Injuries, Damages or Losses were discovered: October 10, 2009

Location of Incident/Accident/Arrest: Lemoore Civic Auditorium Kitchen

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

(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? Left hip and leg

were hurt due to the slip and fall accident; hip strain & confusion

(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)]

I am requesting all medical bills and expenses to be paid.

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

How was this amount calculated (please itemize)? Bills that were sent by the hospital and ambulance, as well as physician's office.

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

Date Signed: 12/3 Signature: Rosa Benitez

If signed by Representative:

Representative's Name _____

Address _____

Telephone # _____

Relationship to Claimant _____