

Amended

CITY OF LEMOORE

CLAIM FORM

FORM B

(Please Type Or Print)

RECEIVED

JUN 1 2010

CITY CLERK'S OFFICE

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

Claimant's name: SILVIA RODRIGUEZ

SS#: [REDACTED] DOB: [REDACTED] Gender: Male Female

Claimant's address [REDACTED] CHAMPION ST. LEMOORE, CA 93245

Address where notices about claim are to be sent, if different from above: PRUSSAK, WEICHT & AVILA
175 S. C ST 2ND FLOOR, TUSTIN CA 92780

Date of incident/accident: 4/13/2010

Date injuries, damages, or losses were discovered: 4/13/2010

Location of incident/accident: 435 CSE LEMOORE, CA 93245

What did entity or employee do to cause this loss, damage, or injury? FLOOR WAS JUST LAYED
IN DANCE ROOM (ZUMBA) AND WAS SLIPPERY
(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)? INSTRUCTOR
IS NAMED CHRISTINA

What specific injuries, damages, or losses did claimant receive? HURT MY WHOLE BODY
STILL GOING TO THE DR
(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 the 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)]

\$ 50,000 (FIFTY THOUSAND)

How was this amount calculated (please itemize)? DON'T HAVE DR. BILLS YET.
AND PAIN & SUFFERING
(Use back of this form or separate sheet if necessary to answer this question in detail.)

Date Signed: 5/25/10 Signature: [Signature]

If signed by representative:
Representative's Name RANCE WEICHT Address 175 S. C ST TUSTIN CA 92780
Telephone # (714) 665-0799
Relationship to Claimant ATTORNEY