

**CITY OF GARDEN GROVE
INTER-DEPARTMENT MEMORANDUM**

To: Risk Management **From:** City Clerk
Date: December 6, 2016
Re: Creekmore, Teddie **Claim No:** 16/17 3691a

The attached is for Claims Board review.

2015 DEC -6 AM 11: 01

Claim No. 16/17 36919

CITY OF GARDEN GROVE
CLAIM FOR DAMAGES
To Persons or Property

FILE WITH:

City Clerk's Office
11222 Acacia Parkway
P.O. Box 3070
Garden Grove, CA 92842-3070

For Official Use Only

A claim must be filed with the City Clerk of the City of Garden Grove within 6 months after which the incident or event occurred. Be sure your claim is against the City of Garden Grove, not another public entity. Where space is insufficient, please use additional paper and identify information by paragraph number.

To City of Garden Grove, California:

- 1. NAME OF CLAIMANT: CREEKMORE (Last) TEDDIE (First) (Middle)
 Ms. _____
 Mr. _____
 Mrs. _____
 Miss _____
 a. HOME ADDRESS OF CLAIMANT: _____ (Number, Street, Apt, etc.) _____ (City and State) _____ (Zip)
 b. BUSINESS ADDRESS OF CLAIMANT: _____ (Number, Street, Suite, etc.) _____ (City and State) _____ (Zip)
 c. HOME PHONE NO.: _____ d. BUSINESS PHONE NO.: _____
 e. OCCUPATION: LOAN CLOSER f. DATE OF BIRTH: _____
 g. SOCIAL SEC. NO.: _____ h. DRIVER'S LIC. NO.: _____

2. Name, address to which claimant desires notices to be sent, and telephone number, if other than above:

3. Occurrence or event from which claim arises:

a. DATE: 10/14/16 b. TIME: 4:30AM, c. PLACE (exact and specific location): HEADING
NORTH ON KNOTT ST, PARAGLE WITH DANVERS DR. GARDEN GROVE, CA

d. HOW, AND UNDER WHAT CIRCUMSTANCES, DID DAMAGE OR INJURY OCCUR? SPECIFY THE PARTICULAR OCCURRENCE, EVENT, ACT, OR OMISSION YOU CLAIM CAUSED THE INJURY OR DAMAGE. (USE ADDITIONAL PAPER IF NECESSARY.)

SEE ATTACHED

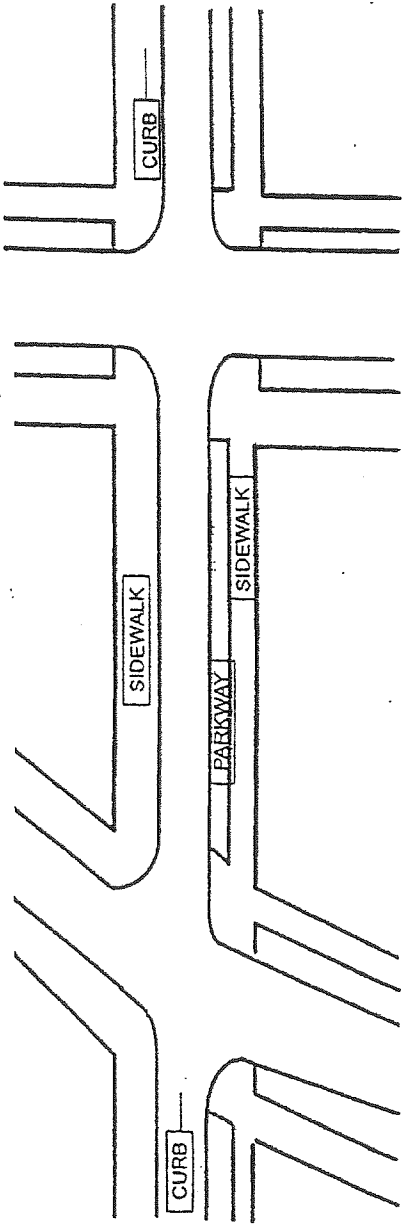
e. WHAT PARTICULAR ACTION BY THE CITY, OR ITS EMPLOYEES, CAUSED THE ALLEGED DAMAGE OR INJURY?

SEE ATTACHED

4. GIVE A DESCRIPTION OF THE INJURY, PROPERTY DAMAGE, OR LOSS, SO FAR AS IS KNOWN AT THE TIME OF THIS CLAIM. IF THERE WERE NO INJURIES, STATE "NO INJURIES": _____
see attached
5. GIVE THE NAME(S) OF THE CITY EMPLOYEE(S) CAUSING THE DAMAGE OR INJURY: _____
N/A
6. NAME(S) AND ADDRESS(ES) OF ANY OTHER PERSON(S) INJURED: _____
N/A
7. NAME AND ADDRESS OF THE OWNER OF ANY DAMAGED PROPERTY: _____ Teddie Creekmore
8. DAMAGES CLAIMED: _____ repaint refinish rim repair , new tire
a. BASIS FOR COMPUTATION OF AMOUNT CLAIMED (INCLUDE COPIES OF ALL BILLS, INVOICES, ESTIMATES, ETC.):
_____ see attached invoice
9. ANY ADDITIONAL INFORMATION THAT MIGHT BE HELPFUL IN CONSIDERING CLAIM: _____
_____ see attached

READ CAREFULLY

For all accident claims, place on following diagram names of streets, including North, East, South, and West; indicate place of accident by "X" and by showing house numbers or distances to street corners. If City Vehicle was involved, designate by letter "A" location of City Vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City Vehicle; location of City Vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X". NOTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by claimant.



WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (PENAL CODE SEC. 72)

I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

12/2/16 _____
DATE

 Teddie Creekmore
CLAIMANT'S SIGNATURE

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

2016 DEC -6 AM 11:02

FILE WITH:

CITY OF GARDEN GROVE

CLAIM FOR DAMAGES

To Persons or Property

City Clerk's Office
11222 Acacia Parkway
P.O. Box 3070
Garden Grove, CA 92842-3070

Claim No. _____

For Official Use Only

A claim must be filed with the City Clerk of the City of Garden Grove within 6 months after which the incident or event occurred. Be sure your claim is against the City of Garden Grove, not another public entity. Where space is insufficient, please use additional paper and identify information by paragraph number.

To City of Garden Grove, California:

1. NAME OF CLAIMANT: Ramirez (Last) SAKE (First) Joseph (Middle)
Ms. (Mr.)
Mrs. Miss

a. HOME ADDRESS OF CLAIMANT: _____ (Number, Street, Apt, etc.) _____ (City and State) _____ (Zip)

b. BUSINESS ADDRESS OF CLAIMANT: _____ (Number, Street, Suite, etc.) _____ (City and State) _____ (Zip)

c. HOME PHONE NO. _____ d. BUSINESS PHONE NO.: _____

e. OCCUPATION: Claim Men f. DATE OF BIRTH: _____

g. SOCIAL SEC. NO.: _____ h. DRIVER'S LIC. NO.: _____

2. Name, address to which claimant desires notices to be sent, and telephone number, if other than above: _____

3. Occurrence or event from which claim arises:

a. DATE: 10/14/16 b. TIME: 4:30 AM c. PLACE (exact and specific location): Heading
Northon Knott St, Parallel with Danvers Dr, Garden Grove CA

d. HOW, AND UNDER WHAT CIRCUMSTANCES, DID DAMAGE OR INJURY OCCUR? SPECIFY THE PARTICULAR OCCURRENCE, EVENT, ACT, OR OMISSION YOU CLAIM CAUSED THE INJURY OR DAMAGE. (USE ADDITIONAL PAPER IF NECESSARY.)

See Attached

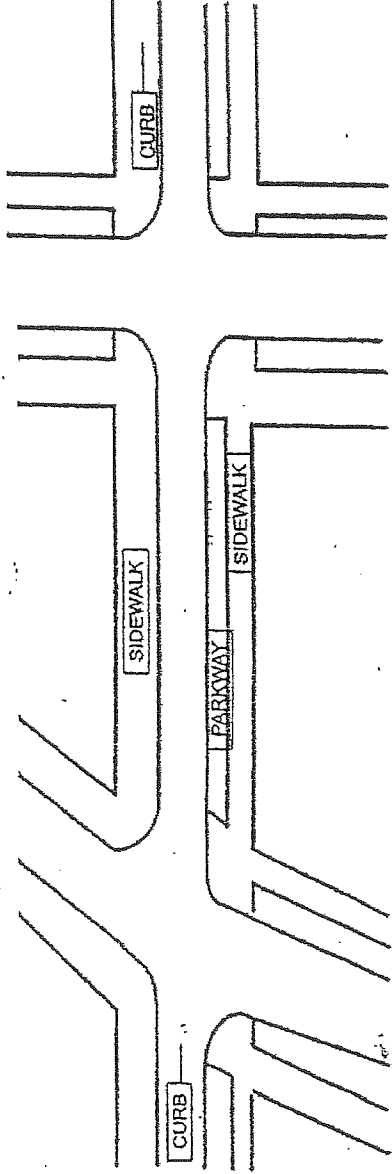
e. WHAT PARTICULAR ACTION BY THE CITY, OR ITS EMPLOYEES, CAUSED THE ALLEGED DAMAGE OR INJURY?

See Attached

4. GIVE A DESCRIPTION OF THE INJURY, PROPERTY DAMAGE, OR LOSS, SO FAR AS IS KNOWN AT THE TIME OF THIS CLAIM. IF THERE WERE NO INJURIES, STATE "NO INJURIES":
See Attached
5. GIVE THE NAME(S) OF THE CITY EMPLOYEE(S) CAUSING THE DAMAGE OR INJURY: N/A
6. NAME(S) AND ADDRESS(ES) OF ANY OTHER PERSON(S) INJURED: N/A
7. NAME AND ADDRESS OF THE OWNER OF ANY DAMAGED PROPERTY: JAKE RAMIREZ
8. DAMAGES CLAIMED: Repair Refinish Rim repair New tire
 a. BASIS FOR COMPUTATION OF AMOUNT CLAIMED (INCLUDE COPIES OF ALL BILLS, INVOICES, ESTIMATES, ETC.):
See Attached Invoice
9. ANY ADDITIONAL INFORMATION THAT MIGHT BE HELPFUL IN CONSIDERING CLAIM:
See Attached

READ CAREFULLY

For all accident claims, place on following diagram names of streets, including North, East, South, and West; Indicate place of accident by "X" and by showing house numbers or distances to street corners. If City Vehicle was involved, designate by letter "A" location of City Vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City Vehicle; location of City Vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1," and the point of impact by "X". NOTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by claimant.



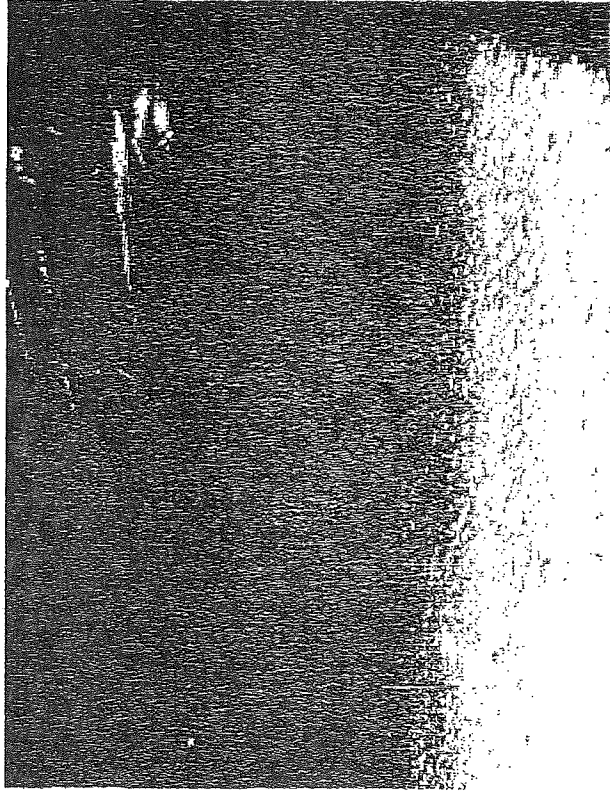
WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (PENAL CODE SEC. 72)

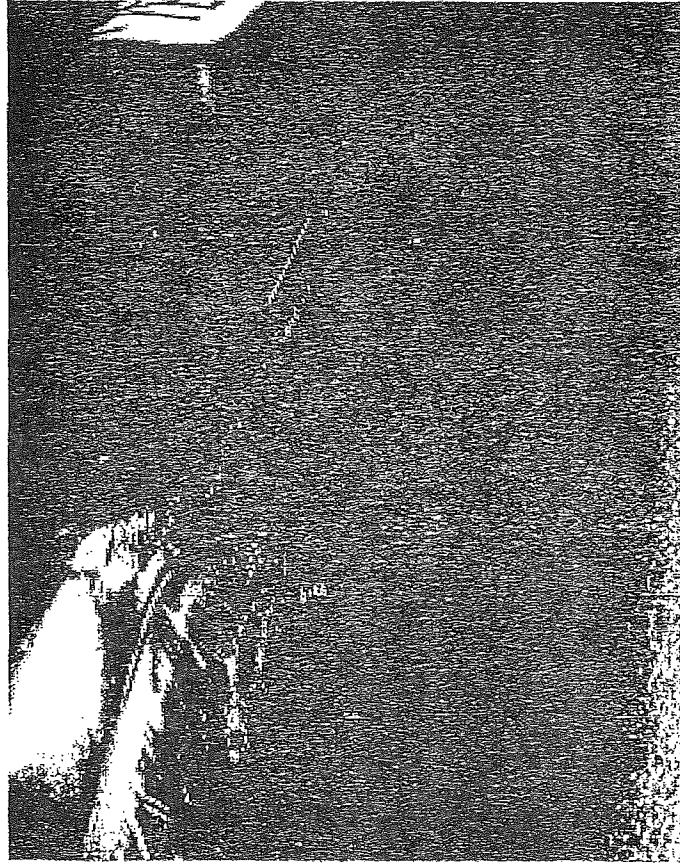
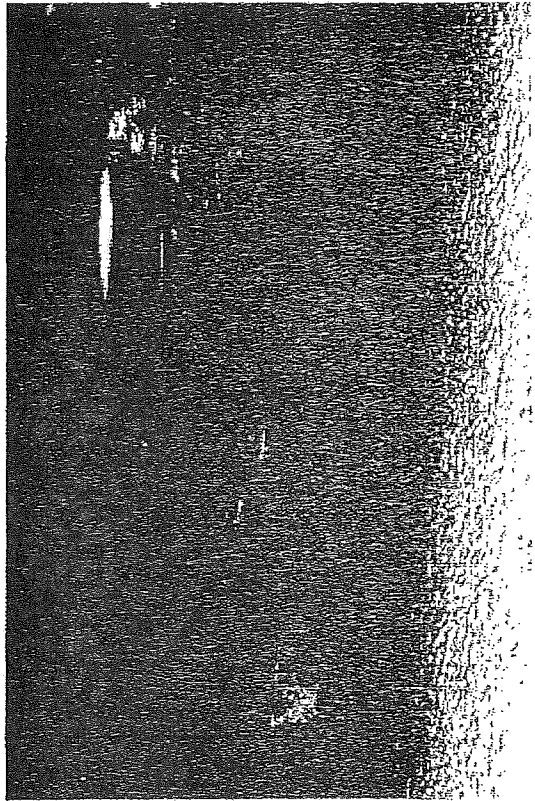
I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Thursday, November 3rd 2016

DATE

[Signature]
CLAIMANT'S SIGNATURE





Date: 10/14/2016 02:59 PM
 Estimate ID: 012521130-I-0186
 Estimate Version: 0
 Committed
 Profile ID: Automobile Club

Caliber Collision Centers - Huntington Beach

17411 Apex Circle, Huntington Beach, CA 92647
 (714) 842-7970
 Fax: (714) 841-9897

BAR #: AC232667 EPA #: CAL000281210

Provided a copy of appraisal and MPR brochure to the insured

Damage Assessed By: Eric Vargas

Appraised For: Kendal Peddy
 (661) 291-3731

Classification: None

Type of Loss: Collision
 Date of Loss: 10/14/2016
 Contact Date: 10/14/2016
 Payer: Insurance
 Policy No: CAA076380664

Arrival Date: 10/14/2016
 Accident Date: 10/14/2016
 Deductible: 1,000.00
 Claim Number: 012521130-I-0195

Insured: TEDDIE CREEKMORE
 Owner: JAKE RAMIREZ
 Telephone:

Cell Phone:

Contact Phone:

Mitchell Service: 911514

Description: 2014 Ford Fusion SE
 Body Style: 4D Sed
 VIN: 3FA6P0H73ER338789
 Mileage: 54,646
 OEM/ALT: O

Drive Train: 2.5L Inj 4 Cyl 16A FWD
 License: 7EST811 CA

Search Code: None

Options: Split Blue Metallic
 PASSENGER AIRBAG, POWER DRIVER SEAT, POWER LOCK, POWER WINDOW, POWER STEERING
 REAR WINDOW DEFOGGER, AIR CONDITION, CRUISE CONTROL, TILT STEERING COLUMN
 AM/FM STEREO, DRIVER AIRBAG, HEATED EXTERIOR MIRROR
 FRONT SIDE AIRBAG WITH HEAD PROTECTION, ANTI-LOCK BRAKE SYS., TRACTION CONTROL
 ALUM/ALLOY WHEELS, TIRE INFLATION/PRESSURE MONITOR, ANTI-THEFT SYSTEM
 AUXILIARY INPUT, BLUETOOTH WIRELESS CONNECTIVITY, SATELLITE RADIO, CD PLAYER
 POWER ADJUSTABLE EXTERIOR MIRROR, TRIP COMPUTER, FIRST ROW BUCKET SEAT
 CLOTH SEAT, SIDE AIRBAGS, AUTOMATIC HEADLIGHTS
 SECOND ROW SIDE AIRBAG WITH HEAD PROTECTION, MP3 PLAYER
 DRIVER SEAT WITH POWER LUMBAR SUPPORT, ELECTRONIC STABILITY CONTROL
 KEYLESS ENTRY SYSTEM, REAR BENCH SEAT, STEERING WHEEL AUDIO CONTROLS

"All Crash parts on this estimate are "new" original equipment manufacturer parts, unless otherwise specified. Part described as rechromed, recored, remanufactured or, reconditioned are considered "rebuilt" parts. Crash parts described as "quality replacement part" are non-original equipment manufacturer aftermarket new parts."

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units	CEG Unit
1	101468	BDY	OVERHAUL	Front Bumper			2.4	2.4
2	100116	BDY	REPAIR	Frt Bumper Cover	Existing		1.0*	2.4
3		REF	REFINISH	Frt Bumper Cover			C 3.6	3.8

ESTIMATE RECALL NUMBER: 10/14/2016 14:58:54 012521130-I-0195

Mitchell Data Version: OEM: SEP_16_V

Software Version: 7.1.208

Copyright (C) 1994 - 2016 Mitchell International
 All Rights Reserved

Date: 10/14/2016 02:58 PM
 Estimate ID: 012521130-I-0195
 Estimate Version: 0
 Committed
 Profile ID: Automobile Club

REF *	REFINISH/REPAIR	Special/Manual Entry	Existing	-0.2*
4	900500	Base coat reduction	Existing	
5	100406	R Frt Lwr Bumper Valance Panel	DS7Z 17626 BA	109.25 INC 0.3T
6	REF	R Frt Lwr Valance Panel		C 0.5 0.5
7	100407	L Frt Lwr Bumper Valance Panel	Existing	INC r 0.3
8	100648	Grille Assy		INC # 0.3
9	BDY	Frt Bumper Cover		INC # 1.2
10	931125	Mount & Balance Tire	Sublet	12.50 * 0.0*
11	BDY	(RIGHT FRONT TIRE)		
12	931104	Front End Alignment	Sublet	72.00 * 0.0*
13	938014	Flex Additive		2.50 * T
14	900500	P TINT COLOR	Sublet	10.00 * 1.0*
15	900500	P FEATHER, PRIME AND BLOCK	Sublet	7.50 * 1.0*
16	REF	De-Nib And Finesse		0.8
17	REF	Clear Coat		1.6*
18	900500	TIRE DISPOSAL FEE	Sublet	0.0*
19	900500	SUMITOMO HTR AS P02 238/60R17 96W	New other than OE	85.00 * 0.0*
20		BETTERMENT DOES NOT APPLY, TIRE THREAD 12/32NDS.		
21	900500	Line Markup %20.00		17.00
22	BDY *	P ADHESION PROMOTER, REPAIRED BUMPER	Sublet	6.00 * 0.5*
23	900500	P MASK BUMPER FOR PRIMER	Existing	0.2*
24	900500	ADJUSTMENT	Sublet	39.80- * 0.0*
25	ADD'L COST	Paint/Materials		251.15 *
26	ADD'L COST	Hazardous Waste Disposal		5.00 *

* - Judgment item
 # - Labor Note Applies
 C - Included In Clear Coat Calc
 r - CEG R&R Time Used For This Labor Operation

Estimate Totals

I. Labor Subtotals	Units	Rate	Sublet Amount	Totals	II. Part Replacement Summary	Amount
Body	5.1	44.00	27.10-	197.30	Taxable Parts	216.75
Refinish	7.5	44.00	0.00	330.00	Parts Adjustments	17.00
Mechanical	0.0	77.00	72.00	72.00	Sales Tax	18.70
Non-Taxable Labor				599.30	Total Replacement Parts Amount	252.45
Labor Summary				12.6		

Date: 10/14/2016 02:59 PM
 Estimate ID: 012521130-I-0195
 Estimate Version: 0
 Committed
 Profile ID: Automobile Club

III. Additional Costs	Amount	IV. Adjustments	Amount
Taxable Costs	253.65	Insurance Deductible	1,000.00-
Sales Tax @ 8.000%	20.29	Customer Responsibility	1,000.00-
Non-Taxable Costs	5.00		
Total Additional Costs	278.94		

Paint Material Method: RMC

I.	Total Labor:	699.30
II.	Total Replacement Parts:	252.45
III.	Total Additional Costs:	278.94
	Gross Total:	1,130.69

IV.	Total Adjustments:	1,000.00-
	Net Total:	130.69

Point(s) of Impact
 1 Right Front Corner (P)

Insurance Co: AAA California

Inspection Site: Repair Shop
 Address: 17411 APEX CIR
 HUNTINGTON BEACH, CA 92647-5728
 (714) 842-7970

Inspection Date: 10/14/2016

Body Shop: Callber - Huntington Beach - 1029
 Address: 17411 Apex Cir
 Huntington Beach, CA 92647-5728
 Fax Phone: (714) 841-9897

Cycle Time Information

Is Vehicle Driveable (Y/N)? N

Repair Dates:

Event Log

File Created: 10/14/2016 02:31:39 PM
 Estimate Started: 10/14/2016 02:40:37 PM
 Estimate Printed: 10/14/2016 02:59:07 PM
 Estimate Committed: 10/14/2016 02:58:54 PM
 Estimate Uploaded: Estimate not uploaded

Date: 10/14/2016 02:59 PM
 Estimate ID: 012521130-I-0195
 Estimate Version: 0
 Committed
 Profile ID: Automobile Club

Itemized Totals

I. Labor Subtotals	Units	Rate	Sublet Amount	Totals	II. Part Replacement Summary	Amount
Body	6.1	44.00	27.10	197.30	Taxable Parts	216.75
Remove/Replace Repair	1.5	"	0.00	66.00	New	194.25
Additional Labor	1.0	"	39.60	4.40	Sublet	22.50
Overhaul	0.2	"	12.50	21.30		
	2.4	"	0.00	105.60	Parts Adjustments	
					New	17.00
Refinish	7.5	44.00	0.00	330.00	Markup	17.00
Remove/Replace Refinish/Repair	1.0	"	0.00	44.00		
Refinish Only	-0.2	"	0.00	8.80		
Additional Operation	4.3	"	0.00	189.20	Sales Tax	@ 8.000%
	2.4	"	0.00	105.60		
Mechanical	0.0	77.00	72.00	72.00	Total Replacement Parts Amount	252.45
Non-Taxable Labor				599.30		
Labor Summary	12.9			599.30		

III. Additional Costs	Amount	IV. Adjustments	Amount
Taxable Costs	253.65	Insurance Deductible	1,000.00-
Sales Tax @ 8.000%	20.29	Customer Responsibility	1,000.00-
Non-Taxable Costs	5.00		
Total Additional Costs	276.94		
Paint Material Method: RMC			

I.	Amount
Total Labor:	699.30
Total Replacement Parts:	252.45
Total Additional Costs:	278.94
Gross Total:	1,130.69
IV. Total Adjustments:	1,000.00-
Net Total:	130.69

10/14/2016 02:59 PM

Caliber Collision Centers - Huntington Beach
17411 Apex Circle, Huntington Beach, CA 92647

REFINISH MATERIALS CALCULATION REPORT

CREEKMORE, TEDDIE

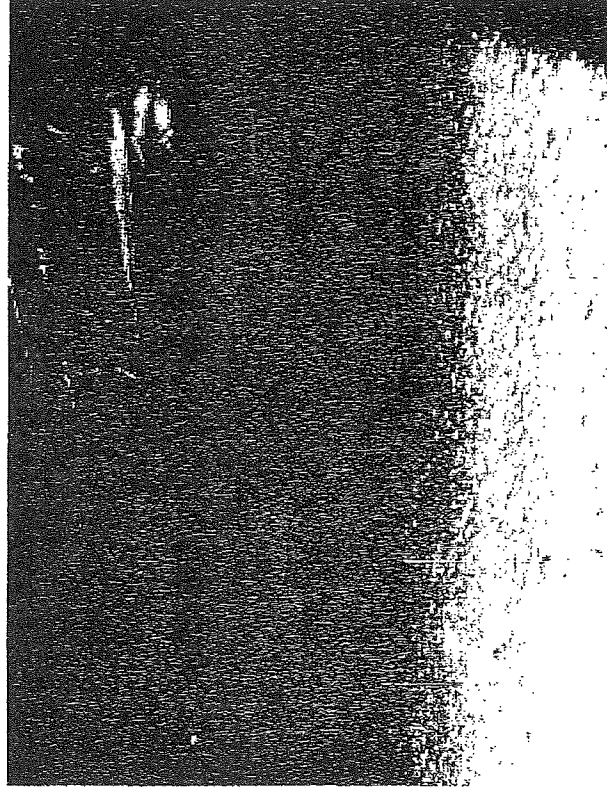
License: 7EST811
Vehicle: 2014 Ford
Estimate ID: 012521130-I-0195
Repair Order: 0

Paint Code 1 L1 Spirit Blue Metallic Color & Clear Waterborne

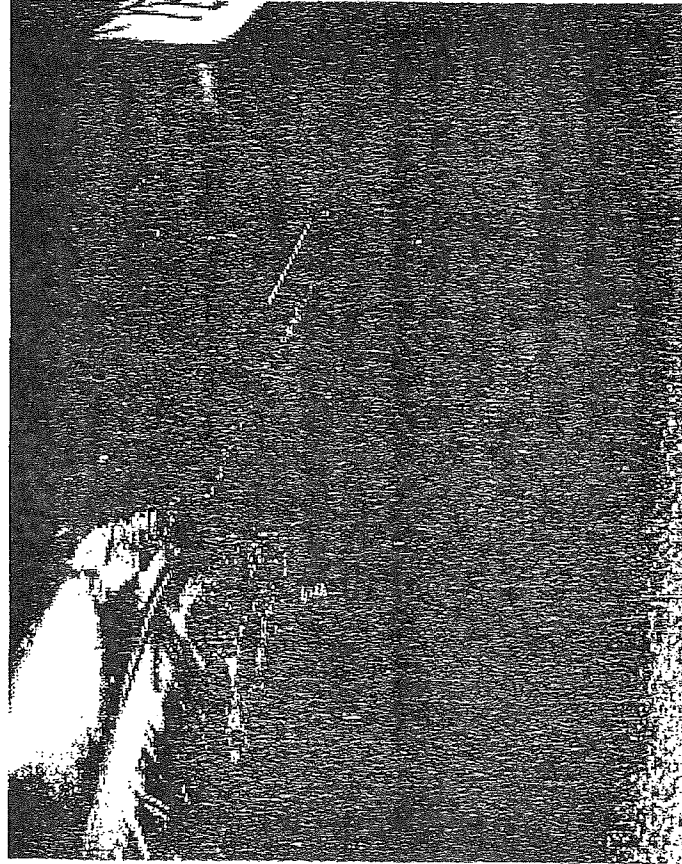
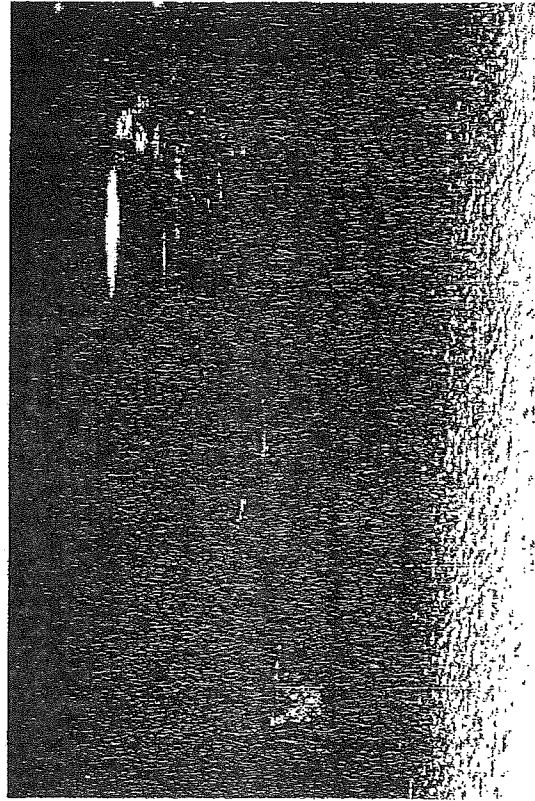
	Units	\$/Per	Cost
Refinishing			
Paint Code 1 Time Less Overlap:	4.10		244.49
Paint Code 2 Time Less Overlap:	0.00		0.00
Blend 1 Time:	0.00		0.00
Blend 2 Time:	0.00		0.00
Buffing/Polishing:	0.80	8.32	6.66
Additional Refinishing Materials:			0.00
Refinishing Materials Subtotal:			251.15

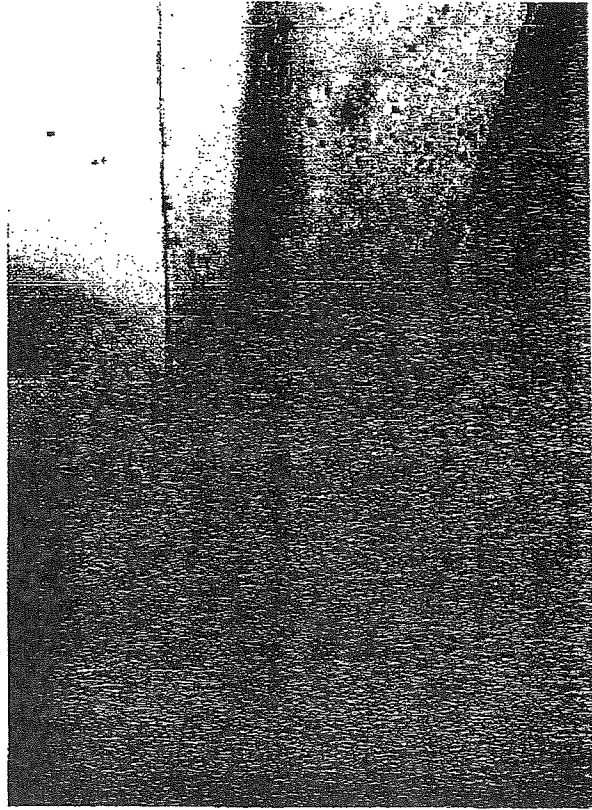
Bodywork

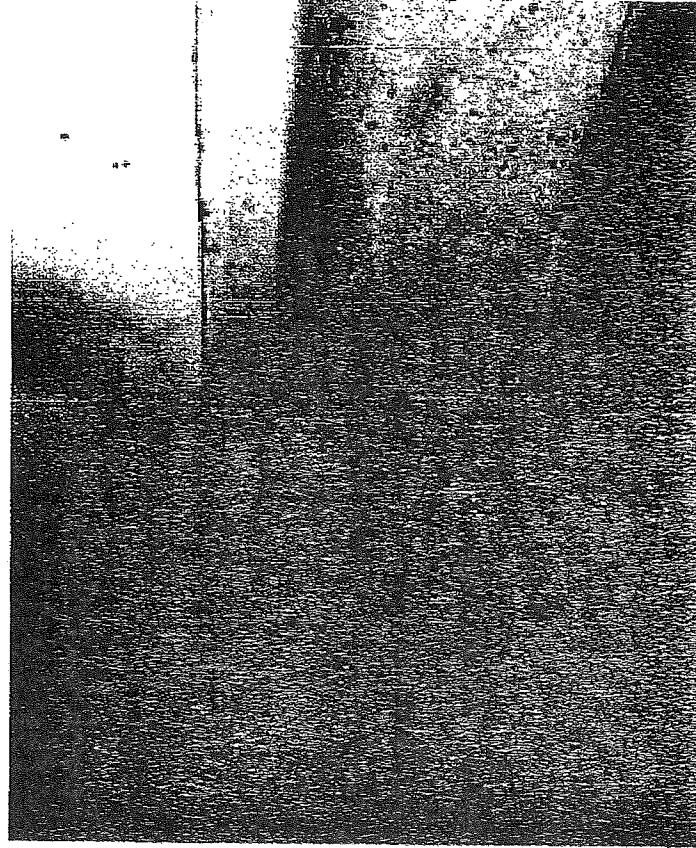
Metal Materials:	0.00	6.52	0.00
Fiberglass Materials:	0.00	10.52	0.00
Plastic 'Flex' Materials:	0.00	21.35	0.00
Additional Bodywork Materials:			0.00
Body Materials Subtotal:			0.00
Adjustment:		0.00 %	0.00
GRAND TOTAL:			251.15

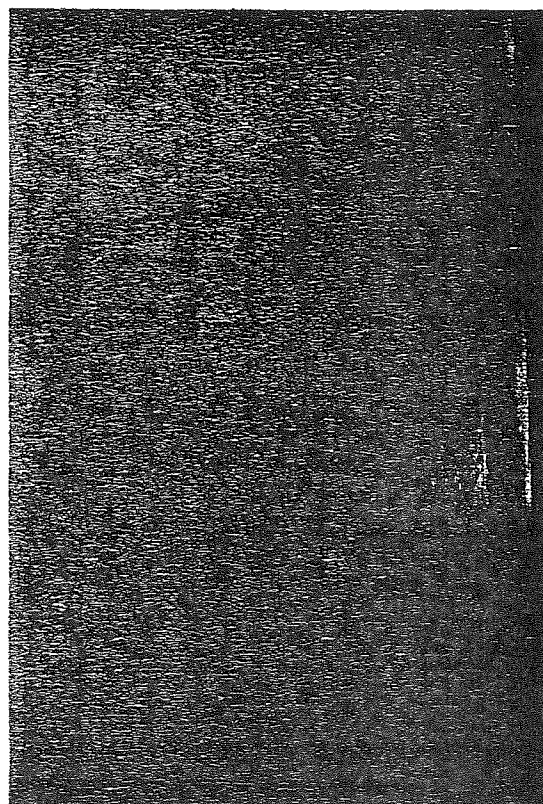
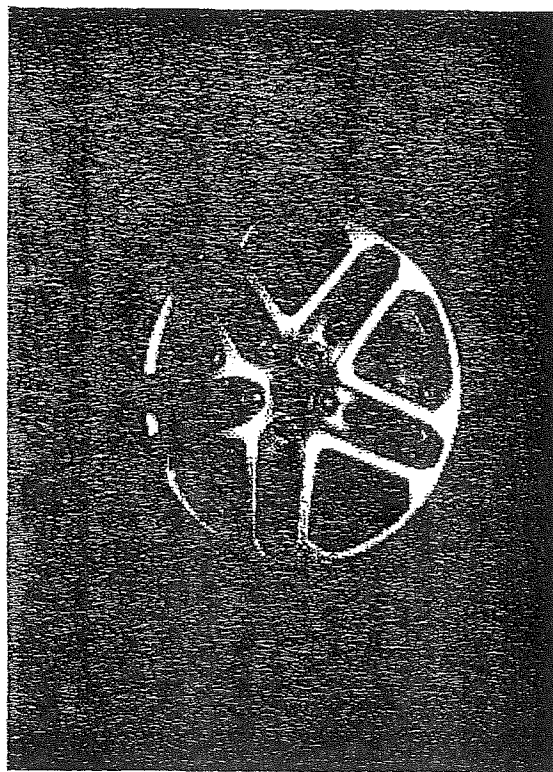


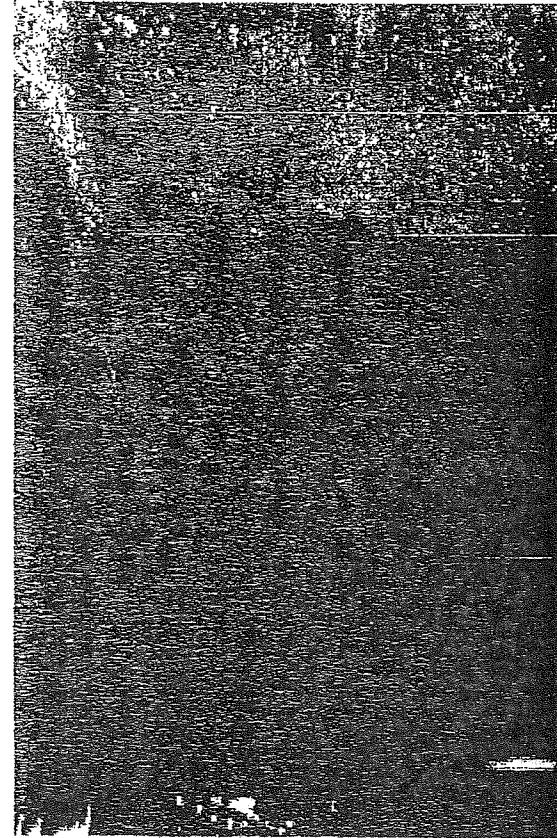
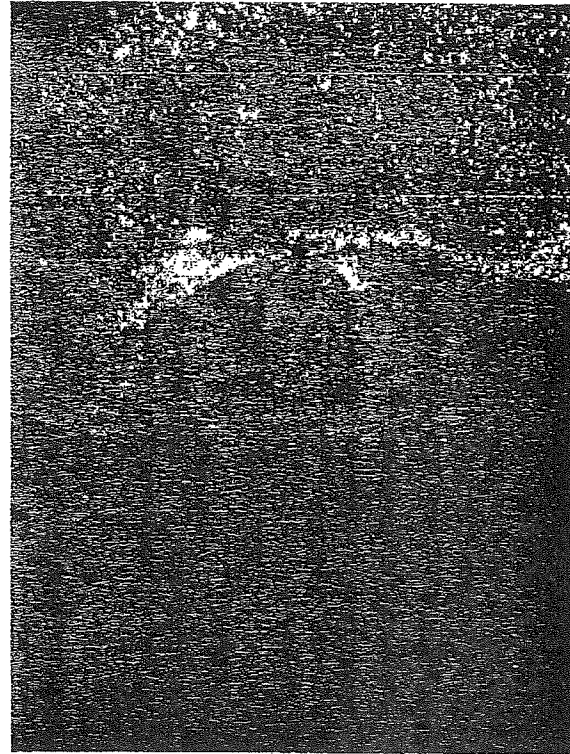
Original to be
Embedded



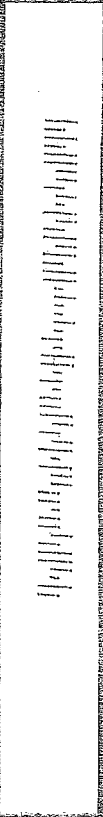








OFFICE
- Angela Bankowsky
3070
Grove, WA 98442



RECEIVED
CITY OF GIGAWATT
CITY OF GIGAWATT
MAY 11 2011

Creechmore

F

Colin Clark
1122 K
P.O. Box
Camden