

CITY OF GARDEN GROVE
INTER-DEPARTMENT MEMORANDUM

To: Risk Management

From: City Clerk

Date: October 3, 2016

Re: Maxwell, Charles M

Claim No: 16/17 3680

The attached is for Claims Board review.

FILE WITH:

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

CITY OF GARDEN GROVE
CLAIM FOR DAMAGES
To Persons or Property

Claim No. 10/17 3680
RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
OCT - 3 PM 1:22

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: Maxwell Charles M
(Last) (First) (Middle)

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

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

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

e. OCCUPATION: Sales Rep f. DATE OF BIRTH: _____

g. SOCIAL SEC. NO. _____ 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: Sept 2, 2016 b. TIME: 9:30 PM c. PLACE (exact and specific location):
Knott Avenue and Garden Grove Blvd

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.)

Turning right on Knott Ave from W/B Garden Grove Blvd, struck large pothole violently shaking vehicle and causing wheel and tire damage.

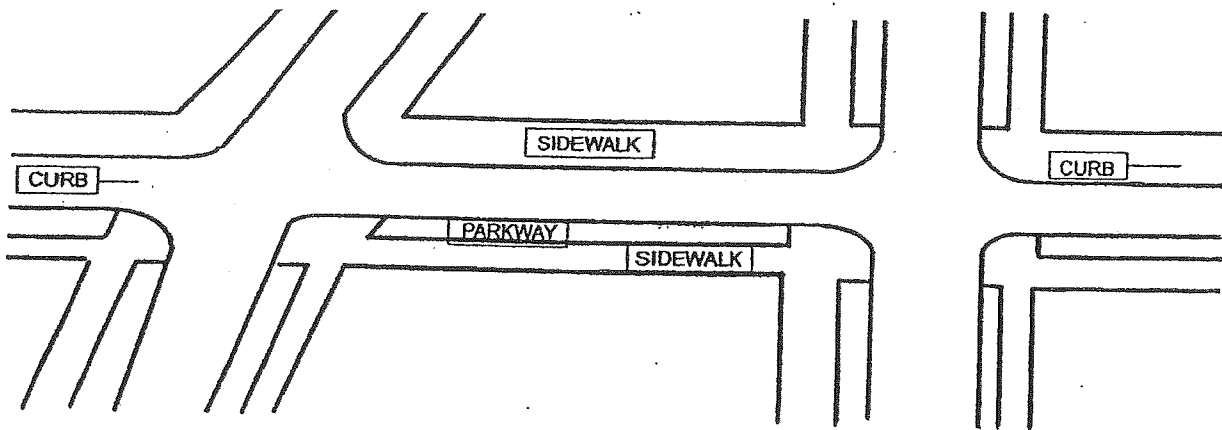
e. WHAT PARTICULAR ACTION BY THE CITY, OR ITS EMPLOYEES, CAUSED THE ALLEGED DAMAGE OR INJURY?

Two large potholes, due to current road construction, were outside of orange traffic cones. The fact that they were not blocked by cones, or filled in with asphalt is negligence.

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": (No Injuries)
Two damaged tires, two damaged rims, and wheel alignment
5. GIVE THE NAME(S) OF THE CITY EMPLOYEE(S) CAUSING THE DAMAGE OR INJURY: needed
6. NAME(S) AND ADDRESS(ES) OF ANY OTHER PERSON(S) INJURED: _____
7. NAME AND ADDRESS OF THE OWNER OF ANY DAMAGED PROPERTY: _____
8. DAMAGES CLAIMED: Please see attached paperwork 1159-34
 - a. BASIS FOR COMPUTATION OF AMOUNT CLAIMED (INCLUDE COPIES OF ALL BILLS, INVOICES, ESTIMATES, ETC.)
9. ANY ADDITIONAL INFORMATION THAT MIGHT BE HELPFUL IN CONSIDERING CLAIM: _____

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.

October 3, 2016
DATE

Andrew Reedfield
CLAIMANT'S SIGNATURE

Incident occurred on Sept 2, 2016 at approximately 9:30PM. While turning right onto Knott avenue from westbound Garden Grove Blvd, hit a pothole approximately 6 to 7 inches deep.(see attached photos) There is also another deep pothole ending in an asphalt sheer 10 feet further on. These were several feet outside of the orange traffic cones.

Right front tire has a chunk of rubber out of the sidewall making it unsafe. Right front rim is scratched and bent. Right rear tire has ruptured sidewall and rim is also bent.(see photos) Vehicle will also require front wheel alignment.

Have included invoice and estimates.

Tires Michelin Premier A/S	91.86 each	183.72
Rims < Hyundai Stock replacement		851.62
Wheel Re-alignment		124.00
		<hr/>
Total		1159.34

Please call me if you have any questions

Thank you,
Charles Maxwell



DDB

1872972

americastire.com

DATE: 09-06-2016 TIME: 11:47 AM

CUSTOMER INFORMATION		VEHICLE INFORMATION	STORE LOCATION
CHUCK	MAXWELL	2013 HYUNDAI ELANTRA SEDAN 17"BASE LIMITED	CAS 26 6872 WESTMINSTER BLVD WESTMINSTER CA 92683-3709 PHONE: 714-894-1391
(W) :	(H) :	CARRY OUT	015 GILBERT NORIEGA
(M)	DL#	TORQUE SPECS: 000	WORK ORDER# _____

QTY	DE	PRY	SIZE	DESCRIPTION	PR1	PRICE	AMOUNT
19628	RHZ	-1	215 /45 R17	87V SL BSW MCH PREMIER A/S	.00	62.58	-62.58
WARRANTY: MILEAGE- 60,000 SEE REVERSE SIDE FOR WARRANTY DETAILS							
COMMENT: BOLT PATTERN: 5-114.3							
19628	NRM	1	215 /45 R17	87V SL BSW MCH PREMIER A/S	.00	146.00	146.00
WARRANTY: MILEAGE- 60,000 SEE REVERSE SIDE FOR WARRANTY DETAILS							
COMMENT: loose bay zero							
COMMENT: INFLATION F:32 R:32							
80075	NRM	1	STATE REQUIRED	ENVIRONMENTAL FEE - UNITS	.00	1.75	1.75
80403	NRM	1	ADJUSTMENT/BAL & VAL	LIFETIME	.00	.00	.00

Since you have purchased fewer than four tires (or wheels), we will mount the new tires on the rear of your vehicle for best safety and handling.

The tire and/or wheel you have chosen is different from the original equipment provided with your vehicle and may change its handling or stability characteristics. Further information is available from your America's Tire salesperson.

SUBTOTAL: 85.17
 TAX: 11.70
 TAX (REFUND): -5.01
 TOTAL: 91.86
 AMER EXPR: 91.86
 TENDERED: 91.86

XXXXXXXXXXXX 1002

Signature on file



16751 Beach Blvd - Huntington Beach, CA 92647
Phone: (714) 635-2020

PICKING TICKET

TERMS: Parts returned for credit must be accompanied by invoice and subject to 20% restocking charge.

DISCLAIMER OF WARRANTIES: All warranties on the products sold hereby are those made by the manufacturer. The seller, HUNTINGTON BEACH HYUNDAI, hereby expressly disclaims all warranties, either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and HUNTINGTON BEACH HYUNDAI, neither assumes nor authorizes any other person to assume for it any liability in connection with the sale. A Service Charge of 1-1/2% per month (A.P.R. - 18%) will be made on all accounts 30 days past due. Title to the property herein described, and any additions or substitutions shall remain in the seller's name until paid in full and the purchaser agrees to pay all expenses, charges, and costs, including collection costs and a reasonable attorney's fee, in the event it becomes necessary for seller to place this account for collection. Net, 10 days end of month.

YOUR PURCHASE ORDER	TERMS	INVOICE DATE	INVOICE NUMBER / PG.
Verbal		9/30/16	1

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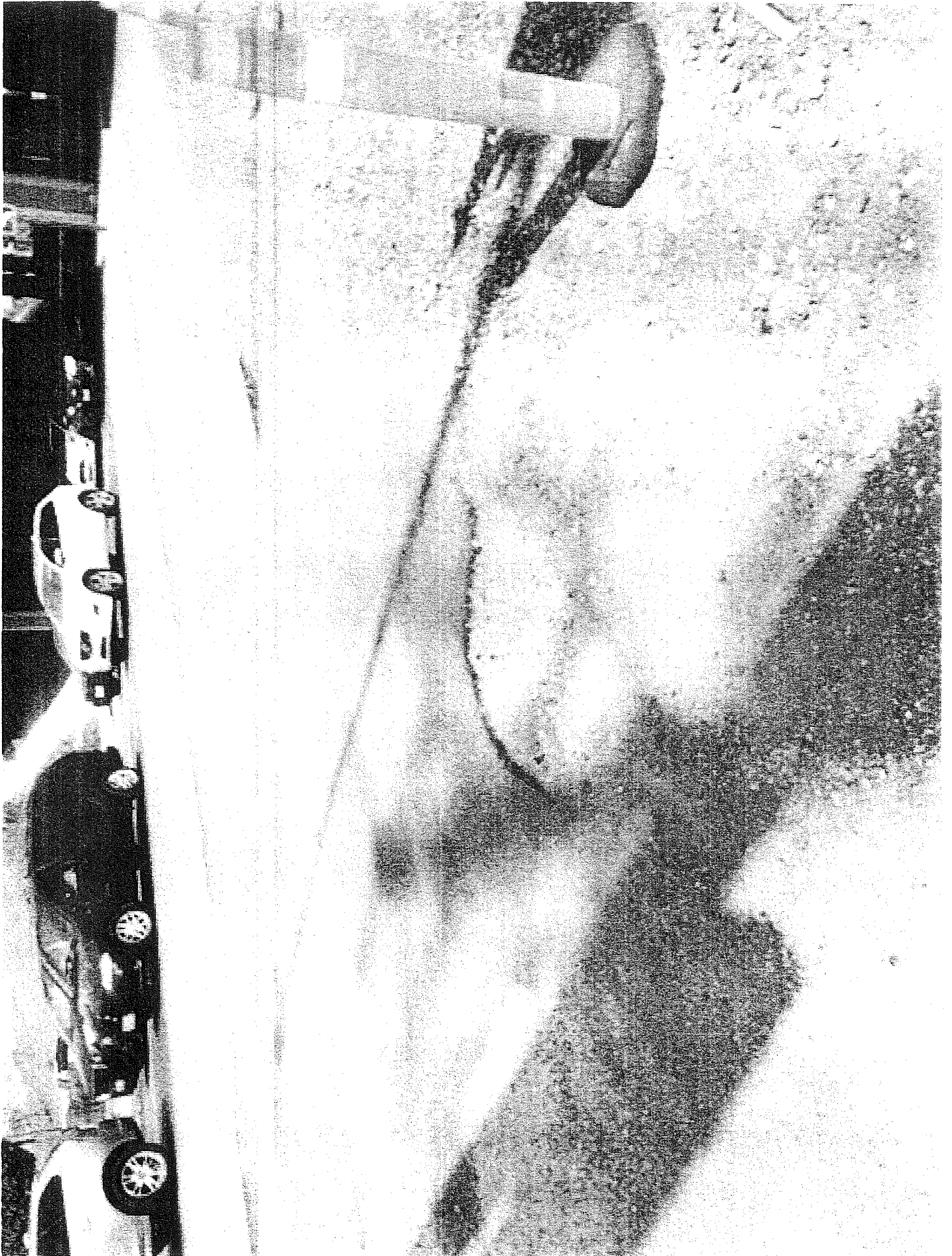
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CASH SALE

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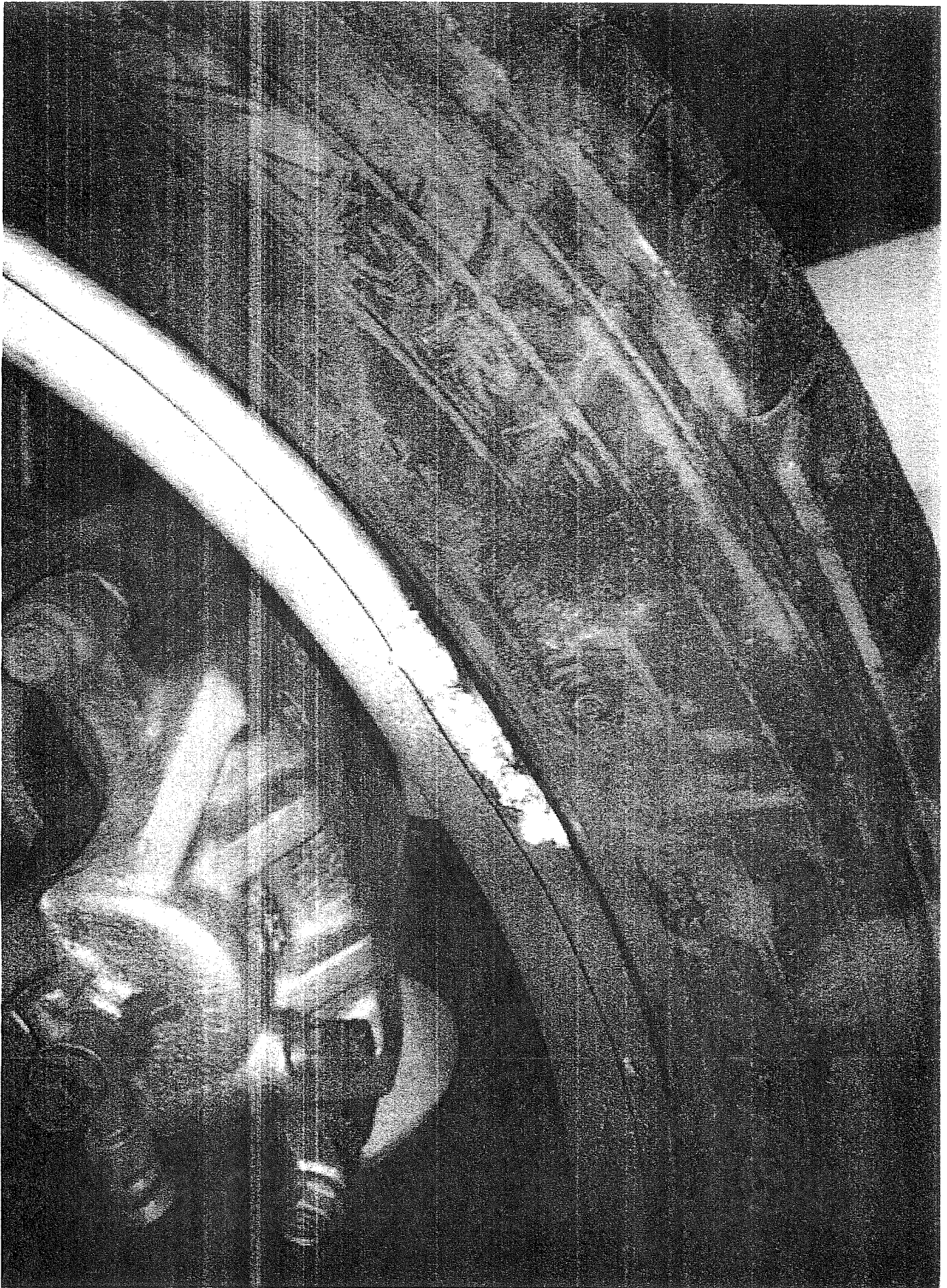
SHIP VIA		SALESPERSON NAME			DRIVER'S INITIALS
DELIVER		FRANCISCO MONTIEL			
QTY.	PART NUMBER / DESCRIPTION	BIN	NET	AMOUNT	
2/0	52910-3Y360 ; WHEEL ASSY-ALUMINIUM	52 EP	394.27	788.54	
ACCOUNT #	METHOD		PARTS	788.54	
			FREIGHT		
DATE PRINTED	9/30/16	TIME	15:47:39	C.O.D. CHARGE	
AMOUNT COLLECTED _____			SALES TAX OR TAX I.D.	63.08	
FORM OF PAYMENT _____			SPECIAL ORDER DEPOSIT		
			TOTAL	851.62	
YOUR SIGNATURE ACKNOWLEDGES RECEIPT OF PARTS.					
X					







FRONT TIRE



Rear Tire

