

CITY OF GARDEN GROVE
INTER-DEPARTMENT MEMORANDUM

To: Risk Management

From: City Clerk

Date: October 27, 2016

Re: Bartlett, Nancy Kay

Claim No: 16/17 3690

The attached is for Claims Board review.

16/17 3690

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.

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

NOV 27 PM 2:15

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:

Ms.
Mr.
Mrs.

1. NAME OF CLAIMANT: Bartlett Miss Nancy Kay
(Last) (First) (Middle)

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: Financial Analyst 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: 10/12/16 b. TIME: 6:15-6:30^{PM} c. PLACE (exact and specific location): North bound on Knott Ave just North of Acacia Ave.

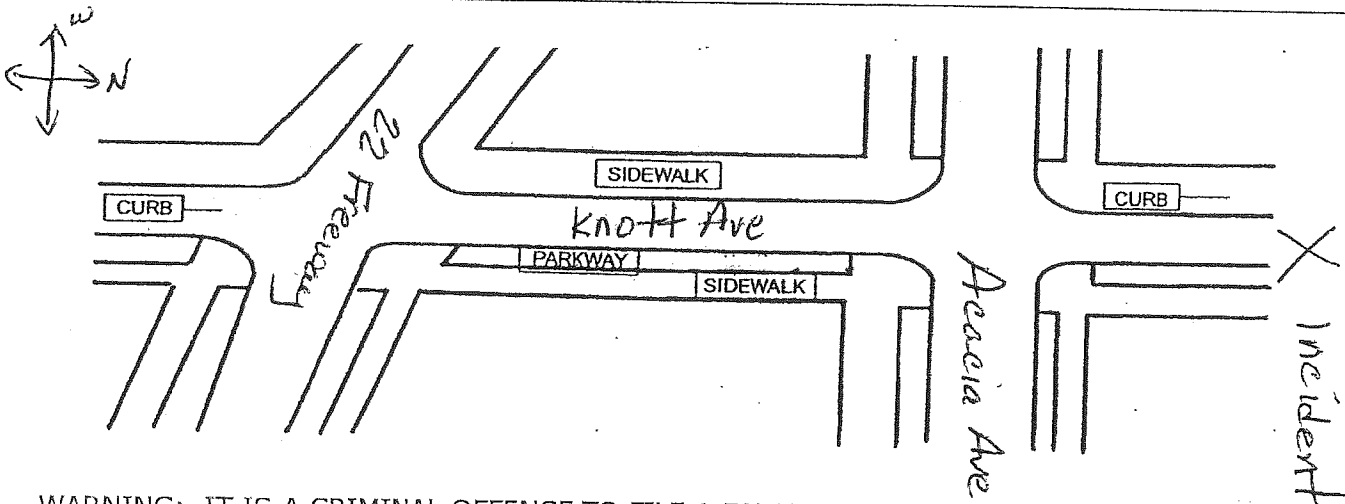
d. HOW, AND UNDER WHAT CIRCUMSTANCES, DID DAMAGE OR INJURY OCCUR? SPECIFY THE PARTICULAR OCCURRENCE, EVENT, ACT, OR OMISSION YOU CLAIM CAUSED THE INJURY OR DAMAGE. (USE ADDITIONAL PAPER IF NECESSARY.)
While driving home from work, I drove into an extremely large pot hole which resulted with a very large bang and severely jolted the car to the extent that I almost lost control of it immediately following the impact, there were noticeable noises and rattles coming from the car.

e. WHAT PARTICULAR ACTION BY THE CITY, OR ITS EMPLOYEES, CAUSED THE ALLEGED DAMAGE OR INJURY?
Although the road was under construction, there were no warning signs nor were there any barriers to prevent or plates to protect drivers from driving over this dangerous area.

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":
My car's front suspension and steering.
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: Nancy K. Bartlett,
8. DAMAGES CLAIMED: \$1,246.81
 - a. BASIS FOR COMPUTATION OF AMOUNT CLAIMED (INCLUDE COPIES OF ALL BILLS, INVOICES, ESTIMATES, ETC.)
Auto Repair Shop Estimate (attached)
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.

10/26/16

DATE

Nancy K. Bartlett
CLAIMANT'S SIGNATURE

JONNY LIGHTNING
 520 RAILROAD ST
 CA, 92882. CORONA
 Phone: 951-278-2233 Fax: 951-278-8335
 THE SHOP THAT CAN

ESTIMATE #

10222

BAR AA187153
 EPA CAL00234430

Estimate Date : 10/26/2016

Estimate for Services

TURELLI, TOM

1998 Acura - 3.5RL - 3.5L, V6 (212CI) VIN(KA9)

Lic #: 6TRT719 - 92882

Odom. In: 88565

Home:

VIN #: JH4KA9652 WC012590

Part Description / Number	Qty	Sale	Ext	Labor Description	Extended
STRUT MOUNT - All Applicable Models 51631-SZ3-004	2.00	84.48	168.96	STRUT ASSEMBLY - Removal & Installation - Both - [DOES NOT include alignment.]	137.20
STRUT - Left 51606-SZ3-014	1.00	257.45	257.45	(Combination) - SPRING &/OR SEAT - Replace Each	29.40
STRUT - Right 51605-SZ3-014	1.00	267.48	267.48	(Combination) - STRUT - Replace Each	29.40
STABILIZER BAR BUSHING - Center 51300-SZ3-013	1.00	164.45	164.45	STABILIZER BAR BUSHING - Remove & Replace - All Applicable Models - [DOES NOT include R&I Stabilizer Bar or alignment.]	58.80
				ALIGNMENT	0.00
				ALIGNMENT	65.00

Parts/Supplies: 858.34 Labor: 254.80 Sublet: 65.00 HazMat/Fees: 0.00 Tax: 68.67 Total: \$ 1,246.81

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the vehicle described for testing and/or inspection. Express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. SMOG: I understand that I can have emission service and/or adjustments done elsewhere. I hereby waive this right.

TEARDOWN ESTIMATE: I understand that my vehicle will be reassembled within 5 days of the date shown above if I choose not to authorize the service recommended. All Parts removed will be discarded unless instructed otherwise: Save all Parts . NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE.

Signature _____ Date _____ Time _____