

CITY OF GARDEN GROVE

INTER-DEPARTMENT MEMORANDUM

To: Risk Management

From: City Clerk

Date: November 7, 2016

Re: Ramirez, Jake J

Claim No: 16/17 3691

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

RECEIVED
Claim No. 16/17
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
36911

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.
Miss

1. NAME OF CLAIMANT: Ramirez Jake Joseph
(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: Carrollton 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 North on Knott St. parallel with Dangers Dr. Garden Grove CA

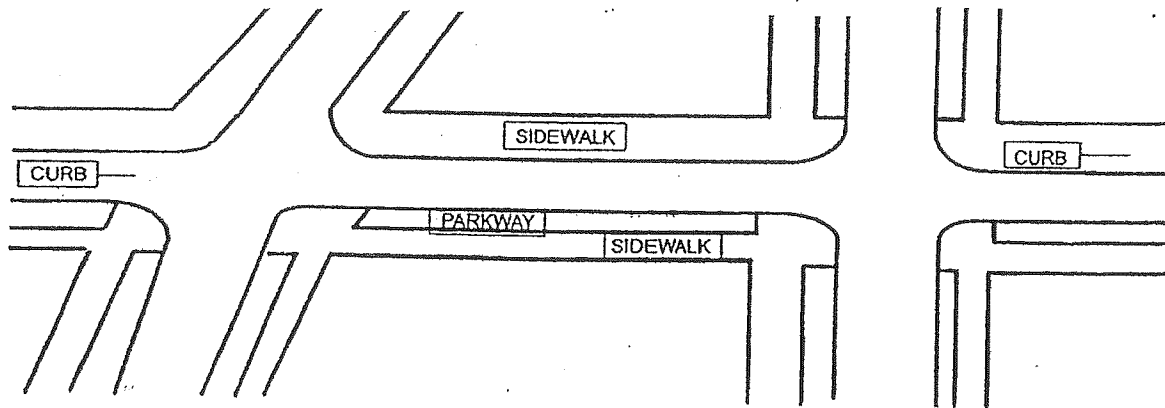
d. HOW, AND UNDER WHAT CIRCUMSTANCES, DID DAMAGE OR INJURY OCCUR? SPECIFY THE PARTICULAR OCCURRENCE, EVENT, ACT, OR OMISSION YOU CLAIM CAUSED THE INJURY OR DAMAGE. (USE ADDITIONAL PAPER IF NECESSARY.)
See Attached

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: 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.

Thursday, November 3rd 2016
DATE

[Signature]
CLAIMANT'S SIGNATURE

1. Name of City of Garden Grove

A.

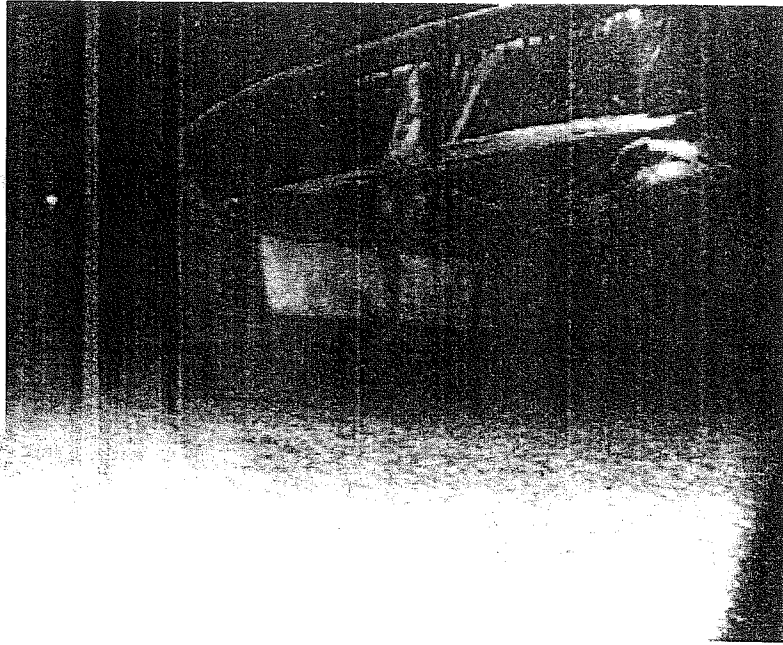
3
C Place: 700 ft South of Lampson Ave.
12570 ~~Knott St~~ Knott St, Garden Grove CA
Latitude: 33.7791 Longitude: -118.0111

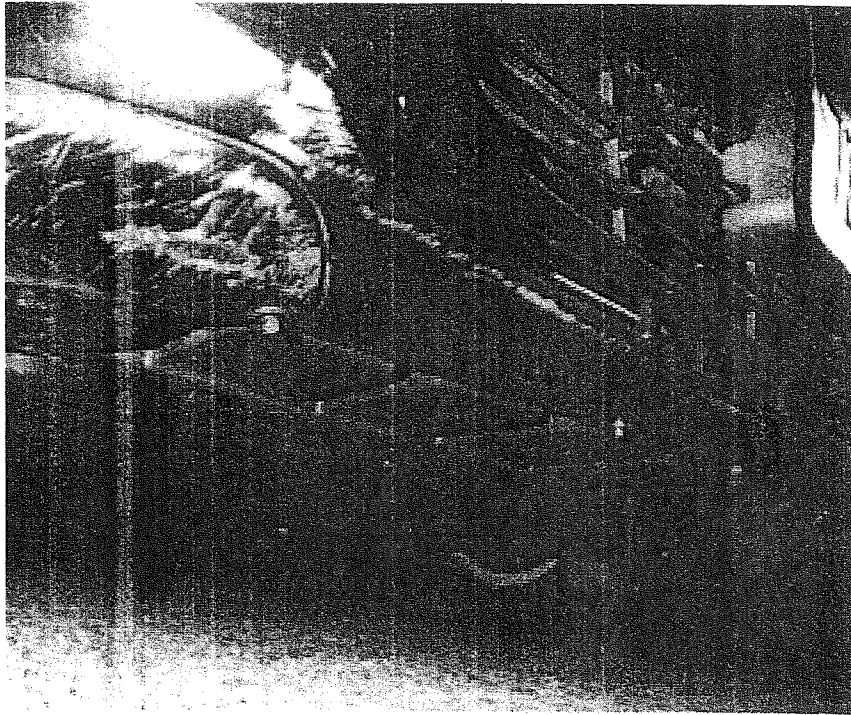
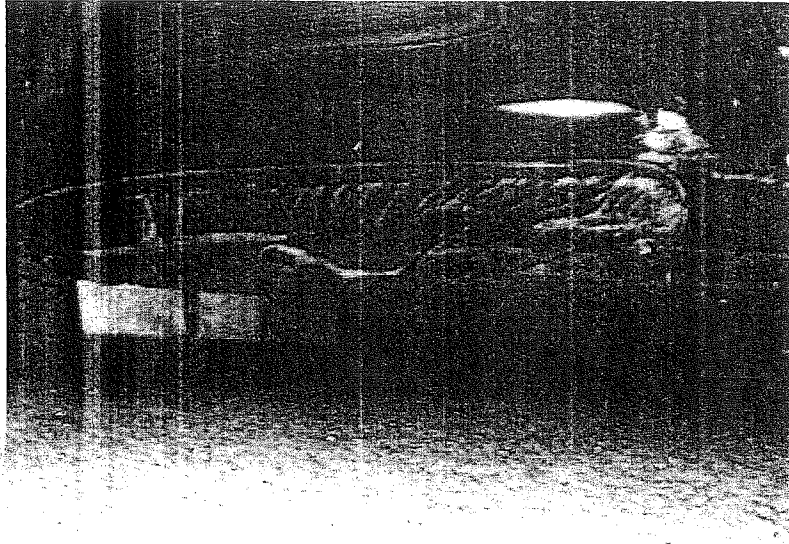
D Early Friday morning on my way to work
the direction I was headed I was unable
to avoid the unpaved pothole.

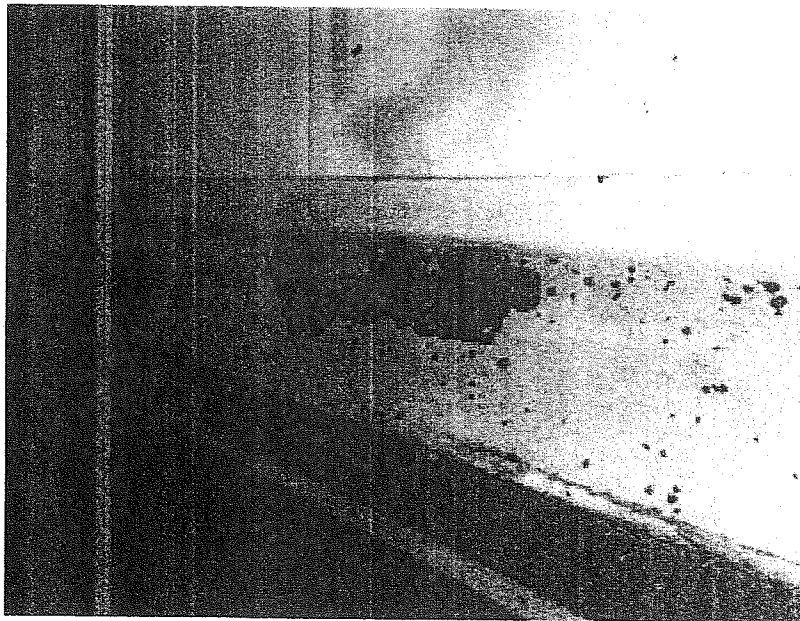
E City of Garden Grove failed to pave a
pothole correctly.

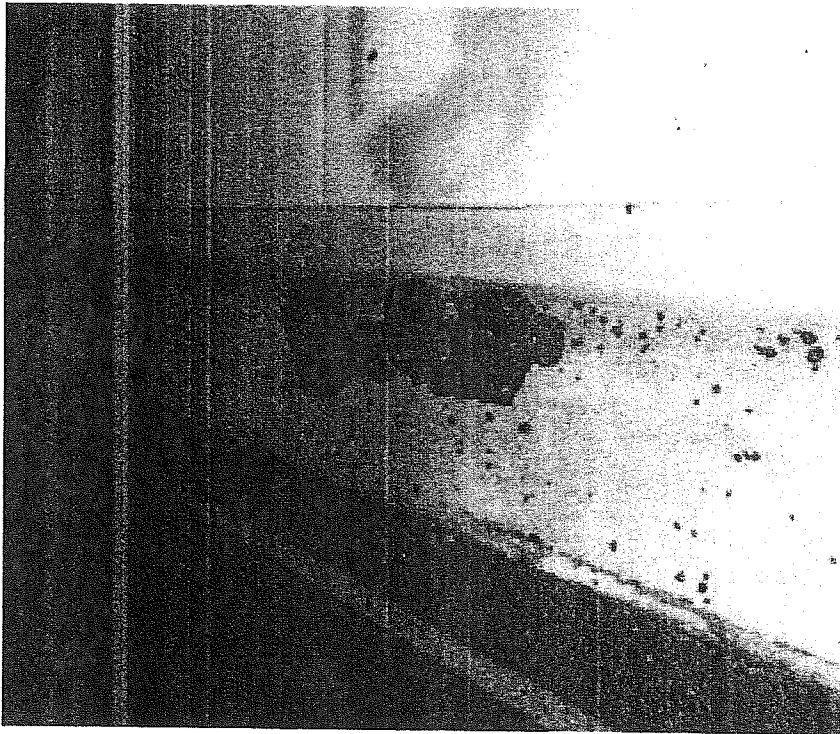
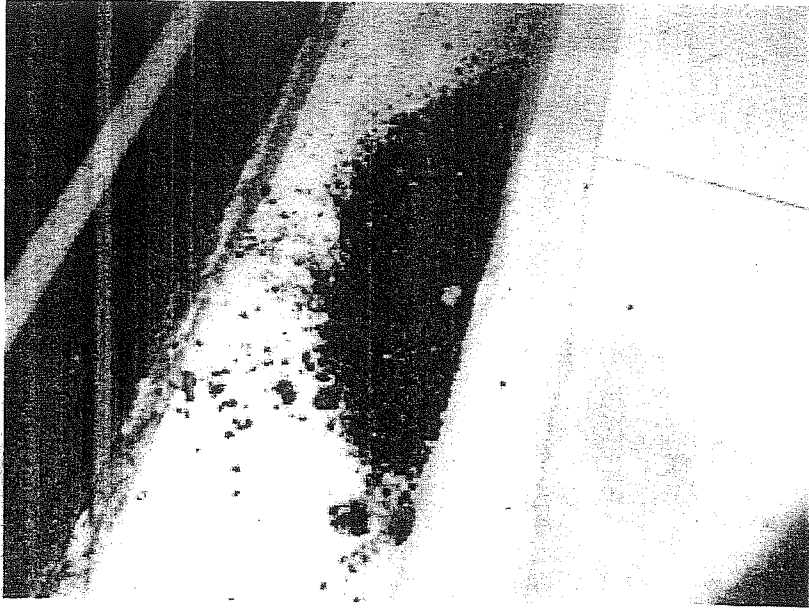
4 NO INJURIES Passenger side mirror
has heavy scratches along with a cracked
rim and flat tire.

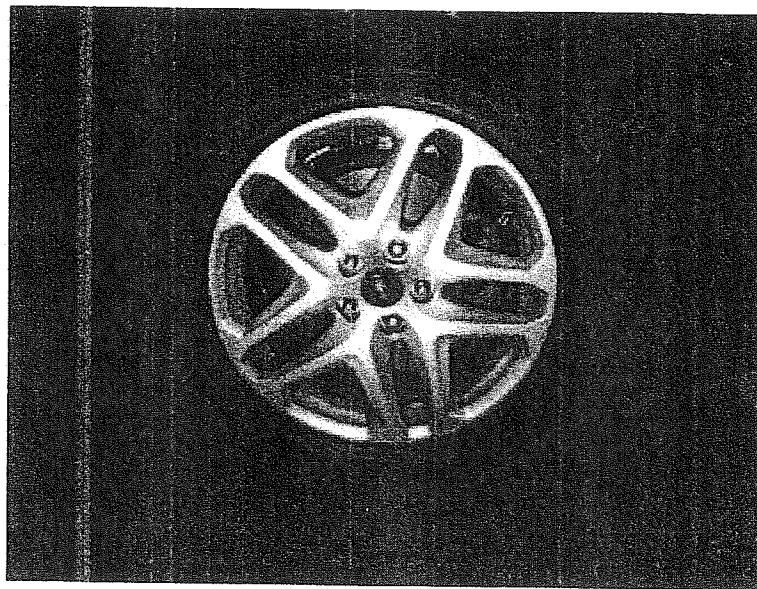
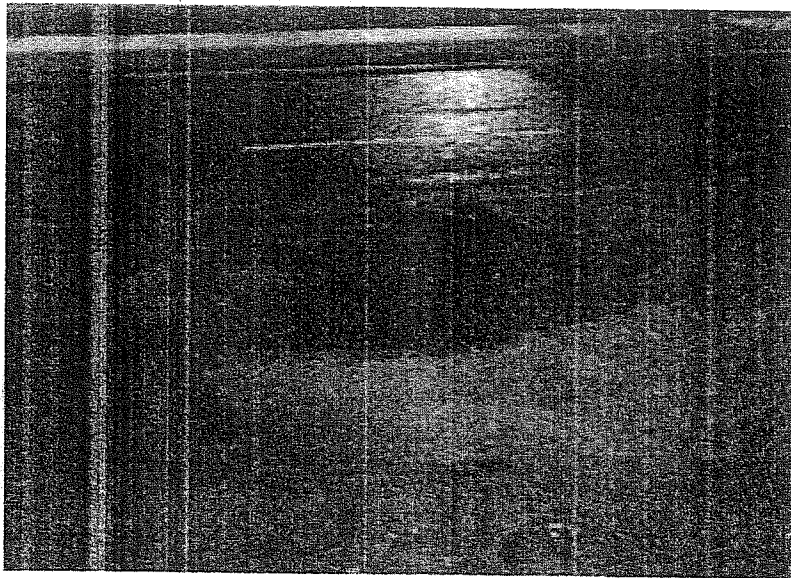
9 Immediately following my incident I pulled
over to see what I hit and was shocked.
Within 10 minutes multiple cars hit the pile
of gravel which led to the police being
called I counted 9 cars that were affected
and all of them got flats. Although the officer
do not write a report the Police department gave
me an incident number: 16055996

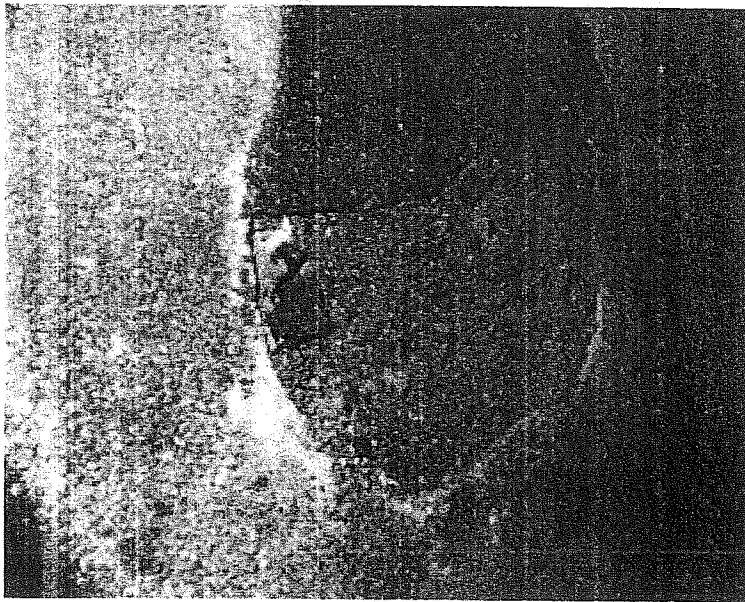
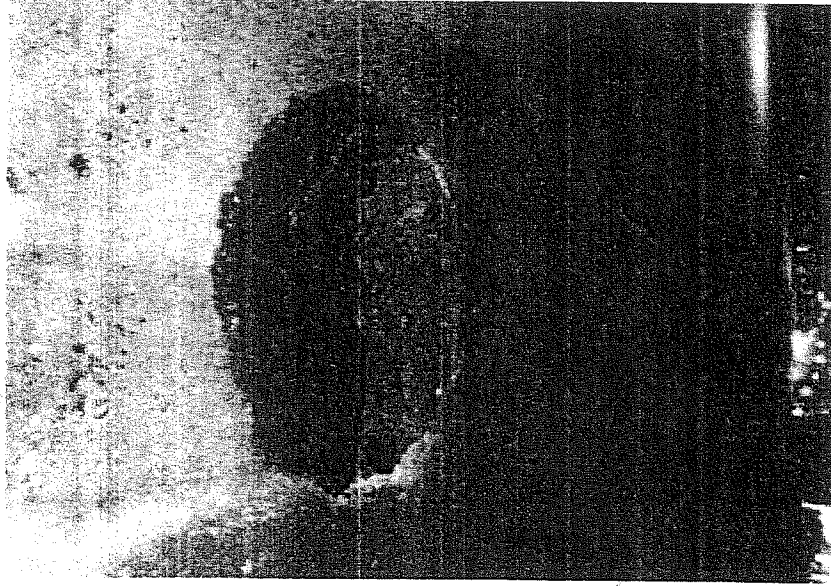












RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

2016 NOV -7 AM 11: 58

SA P&DC #2 92
SAT 05 NOV 2016

City Clerk office
11222 Acacia F
P O Box 3070
Garden Grove, CA



Freedom

FOREVER



Liberty

FOREVER



Freedom

FOREVER

SA P&DC #2 527

SAT 05 NOV 2016 PM

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