

File With:

CITY OF GARDEN GROVE

15/16 3645

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

CLAIM FOR DAMAGES

To Persons or Property

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

Claim No. _____
2016 APR 25 11 09 53
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: Burnett (Last) Mr. Gregory (First) Charles (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: Security Supervisor 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:
Republic of Waste Services, Garden Grove

3. Occurrence or event from which claim arises:

a. DATE: 4/21/16 b. TIME: 07:15 c. PLACE (exact and specific location): Newhope and Tra

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).

I was in my black Mercedes in the right-away when a rubbish truck pulled out into my lane and I slammed on my brakes, and collided w/ the side of

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

The rubbish truck driver didnt look before pulling out.

GIVE A DESCRIPTION OF THE INJURY, PROPERTY DAMAGE, OR LOSS, SO FAR AS IS KNOWN AT THE TIME OF HIS CLAIM. IF THERE WERE NO INJURIES, STATE "NO INJURIES": My car is still

being paid off, the vehicle. I drove self injury to neck/back.

GIVE THE NAME(S) OF THE CITY EMPLOYEE(S) CAUSING THE DAMAGE OR INJURY: Driver

Juan Jose Perez, passenger Jose Parades

NAME(S) AND ADDRESS(ES) OF ANY OTHER PERSON(S) INJURED: N/A

NAME AND ADDRESS OF THE OWNER OF ANY DAMAGED PROPERTY: Gregory Charles Burnett

DAMAGES CLAIMED: My car is totalled

BASIS FOR COMPUTATION OF AMOUNT CLAIMED (INCLUDE COPIES OF ALL BILLS, INVOICES, ESTIMATES, ETC.):

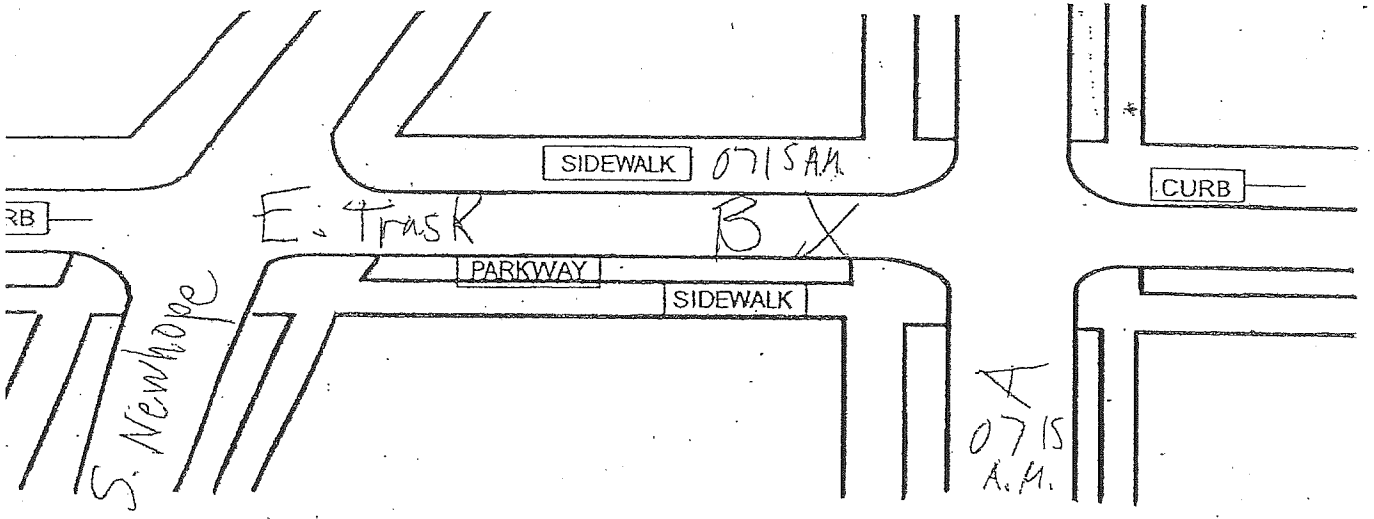
Car loan \$2,7500 car impound \$235 Blue book \$6,000

ANY ADDITIONAL INFORMATION THAT MIGHT BE HELPFUL IN CONSIDERING CLAIM: \$5,000 car price

river Juan Jose Perez PL;

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)

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

4/25/16
DATE

Gregory Burnett
CLAIMANT'S SIGNATURE

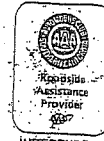
ACTION SOUTHLAND TOWING

A Division of Action Southland Enterprises, Inc.

7600 INDUSTRIAL WAY • STANTON, CA 90680

(714) 891-6726

24 Hr Towing



INDEPENDENT SERVICE PROVIDER

CHP

OCS

GGPD

COS

DATE IN

Greg Burnett

DATE OUT

4/21

NAME

STREET

CITY

PHONE

YEAR AND MAKE	MODEL	COLOR	LICENSE NO.
2002 MBZ	ML 320	BLK	

PURCHASE ORDER NO.	REPAIR ORDER NO.

LOCATION OF PICKUP Newhope / Trask

TAKEN TO

ADDITIONAL TOWING

NO STORAGE

STORAGE FROM

TO

NUMBER DAYS

@

DAY

TIME OUT

MILEAGE

START

MILEAGE

END

TIME IN

RELEASED BY

TIME

INVOICE NO.

7437

TRUCK NO.

DRIVER

TOWING

LABOR

TAXI/MAT

DOORIES/60 JACKS

ADDL TOWING

MILEAGE

STORAGE

GATE FEE

TIEN FEE

APD/ORD FEE

COS/OCS FEE

DIS FEE

ADVANCE PAYMENT

TOTAL

175
60
235

SIGNED

Greg Burnett

CHECK NO.

CASH

CHARGE

NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND OUR CONTROL.

Upon request, you are entitled to receive a copy of the Towing Fees and Access Notice.

PRESS HARD - YOU ARE MAKING 4 COPIES!

AutoZone 5536

4437 E CHAPMAN
ORANGE, CA
(714) 997-5891

#515259	HAD-2152-1BLK	39.99	N
	ProElite Seat Cover		
	Kingston Black, 2 PC		
#532369	MKD760	29.99	P
	MKD760		
	Duralast Brake Pads, EA		
	SUBTOTAL	69.98	
	TOTAL TAX @ 8.000%	5.60	
	TOTAL	75.58	
	XXXXXXXXXXXX8019 DEBIT	75.58	
	APPROVAL #		

REG #01 CSR #01 RECEIPT #530478
STR. TRANS #258882
STORE #5536
DATE 02/04/2016 15:31
OF ITEMS SOLD 2



5536258882020416

You Could Be Earning \$20 With This
Purchase. Ask An AutoZoner About
AutoZone Rewards Or Visit
AutoZoneRewards.com.

PERSONAL WARRANTY INFORMATION
BURNETT GREG

2002 Mercedes Benz Tru ML320 4WD
Item: 532369 MKD760 DURALAST PADS
LIMITED LIFETIME WARRANTY PERIOD

Limited Warranty
If a part fails during the warranty
period shown on this receipt, bring the
part to any AutoZone store and you will
receive a replacement or refund.
Warranty excludes damage caused by

AutoZone 5536

4437 E CHAPMAN
ORANGE, CA
(714) 997-5891

#266352	34147	42.99	P
	34147		
	Duralast Brake Rotor, EA		
#266352	34147	42.99	P
	34147		
	Duralast Brake Rotor, EA		
	SUBTOTAL	85.98	
	Courtesy DISCOUNT: 10.00%		
	DISCOUNT AMOUNT	8.60	
	DISCOUNTED SUBTOTAL	77.38	
	TOTAL TAX @ 8.000%	5.19	
	TOTAL	83.57	
	XXXXXXXXXXXX8019 DEBIT	83.57	
	APPROVAL #		

REG #01 CSR #01 RECEIPT #530481
STR. TRANS #258894
STORE #5536
DATE 02/04/2016 15:57
OF ITEMS SOLD 2



5536258894020416

You Could Be Earning \$20 With This
Purchase. Ask An AutoZoner About
AutoZone Rewards Or Visit
AutoZoneRewards.com.

PERSONAL WARRANTY INFORMATION
BURNETT GREG

NO VEHICLE GIVEN
Item: 266352 34147 DURALAST BRAKE RO
2 YEAR/24 MONTH WARRANTY PERIOD

NO VEHICLE GIVEN
Item: 266352 34147 DURALAST BRAKE RO
2 YEAR/24 MONTH WARRANTY PERIOD

Limited Warranty
If a part fails during the warranty
period shown on this receipt, bring the

AutoZone 5536

4437 E CHAPMAN
ORANGE, CA
(714) 997-5891

Loyalty Card 910100XXXXX3220

VDP PART 1 @ 1/242.99

VDP PARTS PO # 009418

#14356 459004 242.99 P

459004 UNIVERSAL CONVER

SUBTOTAL 242.99

TOTAL TAX @ 8.000% 19.44

TOTAL 262.43

XXXXXXXXXXXX8019 DEBIT 262.43

APPROVAL #

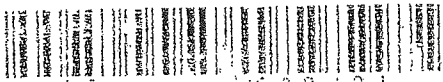
REG #10 CSR #10 RECEIPT #011632

STR. TRANS #280706

STORE #5536

DATE 03/03/2016 11:03

OF ITEMS SOLD 1



Shipping Is Not
Refundable

VDP PARTS PO # : 009418
EST. ARRIVE DATE: 03/08/2016
EST. ARRIVE TIME: 3:00 PM
CARRIER : FEDEX

AutoZone Rewards Has Changed!
As Of July You Can Earn \$20 After 5
qualifying purchase of \$20 or more in
12 months. Rewards good for 90 days.
Visit AutoZoneRewards.com for details.

Member: GREG BURNETT
As of 02/25/2016 at 07:40:17 AM CST
Credits Towards Next Reward: 2

PERSONAL WARRANTY INFORMATION
BURNETT GREG

NA

2002 Mercedes-Benz Tru ML320 4WD
Item: 143564 UNIVERSAL CONVERTER
5 YEAR/60 MONTH WARRANTY PERIOD

Limited Warranty

AutoZone 5536

4437-E CHAPMAN
ORANGE, CA
(714) 997-5891

Loyalty Card 910100XXXXX3220

VDP PART 1 @ 1/239.99

VDP PARTS PO # 009408

#143556 458004 239.99 P

458004 UNIVERSAL CONVER

SUBTOTAL 239.99

TOTAL TAX @ 8.000% 19.20

TOTAL 259.19

XXXXXXXXXXXX8019 DEBIT 259.19

APPROVAL #

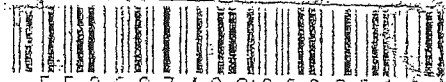
REG #10 CSR #09 RECEIPT #011474

STR. TRANS #274938

STORE #5536

DATE 02/25/2016 07:42

OF ITEMS SOLD 1



5 5 3 6 2 7 4 9 3 8 0 2 2 5 1 5

Shipping Is Not
Refundable

VDP PARTS PO # : 009408
EST. ARRIVE DATE: ~~02/27/2016~~
EST. ARRIVE TIME: ~~12:00 Noon~~
CARRIER : FEDEX

AutoZone Rewards Has Changed!
As Of July You Can Earn \$20 After 5
qualifying purchase of \$20 or more in
12 months. Rewards good for 90 days.
Visit AutoZoneRewards.com for details.

Member: GREG BURNETT

Credits Towards Next Reward: 1

PERSONAL WARRANTY INFORMATION
BURNETT GREG

2002 Mercedes-Benz Tru ML320 4WD
UNIVERSAL CONVERTER

GARDEN GROVE POLICE DEPARTMENT
11301 Acacia Parkway
Garden Grove, CA 92843

APPLICATION FOR RELEASE OF RECORD

DATE: 04-25-16 CASE#: C 1629458

INTENDED USE OF RECORD:

- COURT
 INSURANCE
 OTHER _____

EXPLAIN

NAME: GREG BURNETT

ADDRESS: _____

CITY/STATE: _____

DRIVER LICENSE# _____ PHONE # _____

INVOLVEMENT IN CASE:

- VICTIM SUSPECT WITNESS INS. REP.

ATTORNEY FOR _____

OTHER CP for + IC (INVOLVED PARTY)

PLEASE READ AND SIGN BELOW

Allow ten (10) days from the date of the request before contacting the police department about approval for release of the report. [GC 6253(c)] Call (714) 741-5719 for the results of the request. Should your request be denied, further recourse may be reached through the court or an attorney.

SIGNATURE: X Greg Burnett

(FOR DEPARTMENT USE ONLY)

ID VERIFIED: YES NO BY: CSO BEGROSE

INVESTIGATOR ASSIGNED N/A (Records)

APPROVED DENIED*

Denied by: Employee ID# _____ Initial _____

Reason for Denial:

Disclosure would endanger the successful completion of the investigation.
 Disclosure would endanger the safety of a witness.
 Records must be requested by subpoena.
 Applicant is not an involved party Deferred to other agency or court
 Other: _____

RECORDS SUPERVISOR INITIALS _____ INVESTIGATOR SIGNATURE _____ DATE _____

DISTRIBUTION: PINK—REQUESTOR YELLOW—FILE WHITE—INVESTIGATOR

#368 (rev 9-04)

Driver -
Juan Jose Perez

4/21/16

Insurance :

Ace American Insurance
SA.

909 6024093

passenger
Jose Paredes