

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. 11/12 3210

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

2012 JUN 29 P 2:03

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 LILIANA

1. NAME OF CLAIMANT: CARDONA (Last) (First) (Middle)

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

b. BUSINESS ADDRESS OF CLAIMANT: NONE (Number, Street, Suite, etc.) (City and State) (Zip)

c. HOME PHONE NO.: [REDACTED] d. BUSINESS PHONE NO.: NONE

e. OCCUPATION: STUDENT f. DATE OF BIRTH: [REDACTED]

g. SOCIAL SEC. NO.: [REDACTED] h. DRIVER'S LIC. NO.: NONE

2. Name, address to which claimant desires notices to be sent, and telephone number, if other than above:
LAW OFFICES OF STEVEN L. FRIEDMAN 8221 E. 3rd St., #404, DOWNEY, CA 90241 (562) 861-1301

3. Occurrence or event from which claim arises:

a. DATE: 01/10/2012 b. TIME: 5:00p.m. c. PLACE (exact and specific location):

IN FRONT OF 7100 CHAPMAN AVENUE, GARDEN GROVE, CA
***** BY THE CURVE OF THE STREET ON THE GRASS AREA*****

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 SPACE AT END IF NECESSARY.)

MS. CARDONA WAS WALKING BY AND STEPPED ON A METAL COVER THAT IS NEAR THE CURVE OF THE STREET NEXT TO THE WATER PUMP/SHUTOFF VALVE THAT SUPPLIES WATER TO THE COMPANY OF 7100 CHAPMAN AVENUE. ONE OF THE LID WAS NOT PROPERLY SECURED AND WHEN MS. CARDONA STEPPED ON THE COVER HALF OF HER RIGHT SIDE OF HER BODY FELL IN. ONE OF THE TWO METAL COVERS FELL IN. MS. CARDONA'S LEG FELL INSIDE APPROXIMATELY 30" INCHES. THE CITY OF GARDEN GROVE FAILED TO WARN, INSPECT FOR AND CORRECT THE DANGEROUS CONDITIONS AND CAUSE BODILY INJURIES TO MS. CARDONA'S BODY.

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

THE CITY OF GARDEN GROVE CAUSED AND FAILED TO WARN, INSPECT FOR AND CORRECT THE DANGEROUS CONDITIONS OF THE 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":

BODILY INJURY TO RIGHT LEG, RIGHT FOOT, NECK, UPPER, MID AND LOW BACK, RIGHT SHOULDER, RIGHT ARM, RIGHT HIP, RIGHT KNEE AND THIGH AND RIBS HURT.

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

6. NAME(S) AND ADDRESS(ES) OF ANY OTHER PERSON(S) INJURED:

NONE, ONLY MS. CARDENA'S.

7. NAME AND ADDRESS OF THE OWNER OF ANY DAMAGED PROPERTY:

UNK.

8. DAMAGES CLAIMED:

UNKNOWN AT THIS TIME. STILL UNDER TREATMENT

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

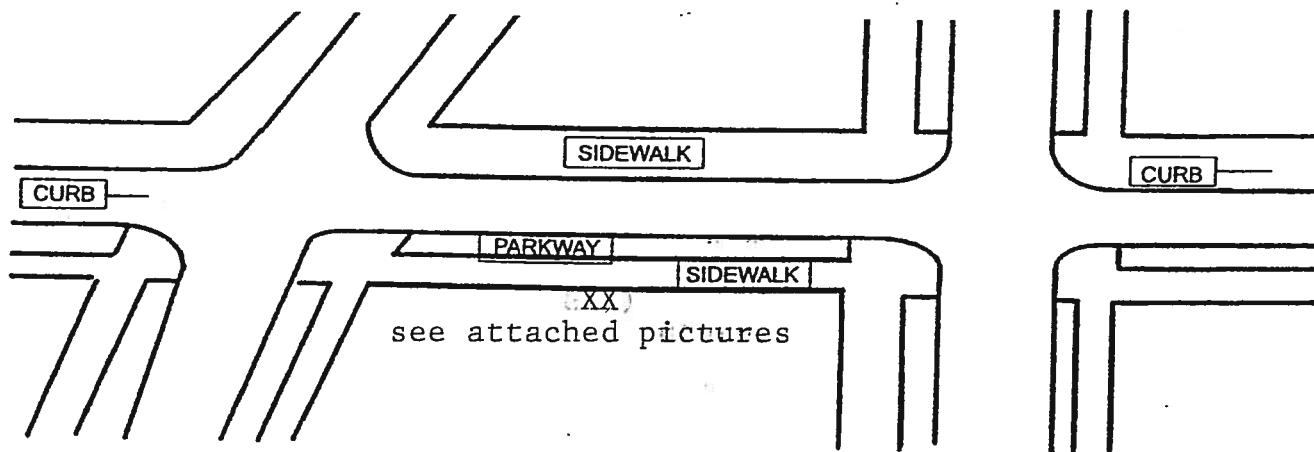
UNKNOWAN AT THIS TIME.. ONGOING TREATMENT.

9. ANY ADDITIONAL INFORMATION THAT MIGHT BE HELPFUL IN CONSIDERING CLAIM:

THE SECURITY GUARD THAT WAS ON DUTY THAT DAY FOR THE BUSINESS OF 7100 CHAPMAN AVENUE WAS LARRY COBURN AND HE CALLED THE CITY OF GARDEN GROVE TO COME AND FIX THE COVER. WORKERS OF THE CITY OF GARDEN GROVE CAME AND THEY COVERED IT WITH A WOOD SHEET APPX. 4 X 6 AND PUT A SIGN ON TOP THAT SAID CITY OF GARDEN GROVE PUBLIC WORKS DEPT.

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.

JUNE 30, 2012

DATE

CLAIMANT'S SIGNATURE

STEVEN L. FRIEDMAN ATTORNEY FOR
PLAINTIFF LILIANA CARDONA