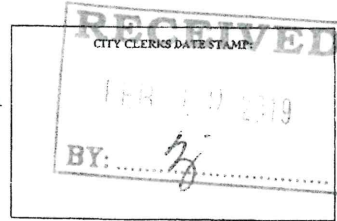




CITY OF COALINGA

LIABILITY CLAIM FOR DAMAGES TO PERSON OR PROPERTY



RETURN TO:

CITY OF COALINGA
OFFICE OF THE CITY CLERK
155 WEST DURIAN
COALINGA, CA. 92870

DISTRIBUTION:

- ☐ CITY ADMINISTRATOR
- ☐ CITY ATTORNEY
- ☐ FINANCE DEPARTMENT (Original/1)
- ☐ INSURANCE ADJUSTER
- ☐ DEPARTMENT: _____
- ☐ CITY CLERK'S LOG

1. Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence (Gov. Code Sec. 911.2).
2. Claims for damages to real property must be filed not later than one (1) year after the occurrence (Gov. Code Sec. 911.2).
3. READ ENTIRE CLAIM FORM BEFORE FILING.
4. ATTACH SEPARATE SHEETS, IF NECESSARY, TO GIVE FULL DETAILS.

Sen Ritec
NAME OF CLAIMANT

DATE OF BIRTH OF CLAIMANT

HOME ADDRESS OF CLAIMANT

CITY/STATE/ZIP

HOME TELEPHONE NO.

BUSINESS ADDRESS OF CLAIMANT

CITY/STATE/ZIP

BUSINESS TELEPHONE NO.

ADDRESS TO WHICH CLAIMANT DESIRES NOTICES OR COMMUNICATIONS SENT REGARDING THIS CLAIM (If different from home address):

Same as above

WHEN DID DAMAGE OR INJURY OCCUR?

DATE: 10-8-18

TIME: Approx 10:05 ☐ A.M. ☒ P.M. See Post in claim

PLACE OF ACCIDENT (OCCURRENCE) - BE SPECIFIC - Describe fully and (if applicable) locate on diagram on reverse side of this sheet. Where appropriate, give street names and addresses and measurements for landmarks.

On Campbell Farm / Coalinga Channel Site
next to old Code 1010

HOW DID DAMAGE OR INJURY OCCUR?

City of Coalinga Volunteer Exploding Child under 18 x10

WERE POLICE AT SCENE? ☒ YES ☐ NO

WERE PARAMEDICS AT SCENE? ☒ YES ☐ NO

WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DAMAGES? (Give name of City employee causing the injury or damage, if known.)

Robin Scott City of Coalinga Volunteer

GIVE TOTAL AMOUNT OF CLAIM: (Include estimate of amount of any prospective injury or damage) \$.02

HOW WAS THE AMOUNT OF CLAIM COMPUTED? (Be specific, list doctor bills, repair estimates, etc.)

PLEASE ATTACH TWO (2) ESTIMATES.

DAMAGES INCURRED TO DATE:

ITEM/DATE

AMOUNT: \$.02

ITEM/DATE

AMOUNT: \$

ITEM/DATE 10/18/18

AMOUNT: \$ Proteless

ITEM/DATE

AMOUNT: \$

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM: \$

ESTIMATED PROSPECTIVE DAMAGES AS FAR AS KNOWN:

ITEM/DATE

AMOUNT: \$.02

ITEM/DATE

AMOUNT: \$

ITEM/DATE 10/18/18

AMOUNT: \$ You decide

ITEM/DATE

AMOUNT: \$

TOTAL ESTIMATED PROSPECTIVE DAMAGES:

\$

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WITNESSES TO DAMAGE OR INJURY: (List all persons known to have information. (Use attachment if necessary.)

NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
TELEPHONE: () _____ TELEPHONE: () _____

IF INJURY, GIVE NAME, ADDRESS, TELEPHONE, DATE & TIME OF DOCTOR(S) OR HOSPITAL(S) VISITED:

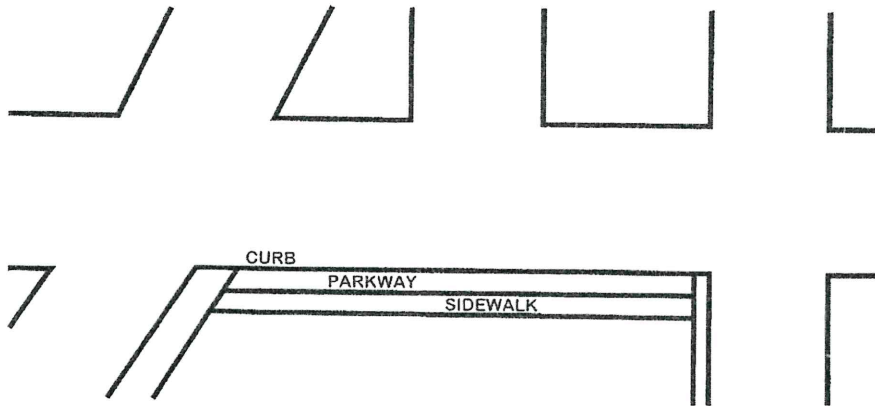
DOCTOR: _____ TELEPHONE: _____
ADDRESS: _____ DATE/TIME: _____
HOSPITAL: _____ TELEPHONE: _____
ADDRESS: _____ DATE/TIME: _____

PLEASE READ THE FOLLOWING CAREFULLY:

For all vehicle accident claims, place on following diagram, the names of streets, including NORTH, EAST, SOUTH AND WEST directions. Indicate place of accident by "X" and by showing house numbers or distances to street corners.

If a City vehicle was involved, designate by letter "A" location of the 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 A DIAGRAM BELOW DOES NOT FIT THE SITUATION, ATTACH A PROPER DIAGRAM SIGNED BY CLAIMANT.



I HAVE READ THE FOREGOING CLAIM AND KNOW THE CONTENTS THEREOF; AND CERTIFY THAT THE SAME IS TRUE OF MY OWN KNOWLEDGE EXCEPT AS TO THOSE MATTERS WHICH ARE HEREIN STATED UPON MY INFORMATION AND BELIEF; AND AS TO THOSE MATTERS I BELIEVE THEM TO BE TRUE.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT OR AGENT
ACTING ON BEHALF OF CLAIMANT

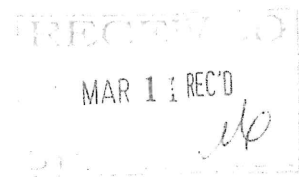
TYPE OR PRINT NAME

DATE

RELATIONSHIP TO CLAIMANT

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY
(CALIFORNIA PENAL CODE 72)

Mercedes,



It was a pleasure to speak with you earlier this morning on 3, mentioned that I needed to put a dollar amount on the claim. I personally don't think you can actually put a dollar amount on. Because my family is completely and utterly priceless to me,

I will do as you mentioned and put an amount in the box. I will decide the real dollar amount that should be sought if anything.

Please put yourself in my shoes. What if this were to happen to you? How would you feel and what would you expect to be done?

Furthermore, I would like to request that Robin Scott be removed from her position with the City of Coalinga and have the City and its citizens.

P.S


Please see my original complaint as it contains screenshots that were available at the time I found the post due to them being on the Coalinga Chatter Website on Facebook.

The original post can be retrieved through Facebook and or the Account

Furthermore, the way I found out was I was alerted by several pictures of my daughter and my personal information were being used by Robin Scott, City of Coalinga Volunteer.

I appreciate your time and will look for a reply from you soon.

Respectfully,



Lynne Fortner