



CITY OF COALINGA

LIABILITY CLAIM FOR DAMAGES TO PERSON OR PROPERTY

CITY CLERK'S DATE STAMP:



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.

CHRISTOPHER ESTRADA
NAME OF CLAIMANT

DATE OF BIRTH OF CLAIMANT

HOME ADDRESS OF CLAIMANT CITY/STATE/ZIP

HOME TELEPHONE NO.

N/A STUDENT WEST HILLS COLLEGE
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):

WHEN DID DAMAGE OR INJURY OCCUR?

DATE: 11/13/18

TIME: 1935 ☒ A.M. ☐ P.M.

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.

201 WALNUT AVE. COALINGA CA 93210

HOW DID DAMAGE OR INJURY OCCUR?

COALINGA POLICE DEPT. FAILED TO APPREHEND OR RECOVER
STOLEN PROPERTY DUE TO MAN POWER OR NO ACTING
PROPERTY DETECTIVE. REFEL TO ATTACHED NARRATIVE.

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.)

FAILED TO PROPERLY INVESTIGATE THIS BURGLARY DUE TO
MAN POWER.

GIVE TOTAL AMOUNT OF CLAIM: (Include estimate of amount of any prospective injury or damage) \$ 1519.00

HOW WAS THE AMOUNT OF CLAIM COMPUTED? (Be specific, list doctor bills, repair estimates, etc.)
PLEASE ATTACH TWO (2) ESTIMATES.

DAMAGES INCURRED TO DATE: STOLEN PROPERTY

ITEM/DATE LAPTOP COMPUTER

AMOUNT: \$ 1100.00

ITEM/DATE PLAYSTATION 4

AMOUNT: \$ 250.00

ITEM/DATE RED CUPBOARD

AMOUNT: \$ 68.50

ITEM/DATE PLAYSTATION 4 GAME

AMOUNT: \$ 60.00

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 488.50

ESTIMATED PROSPECTIVE DAMAGES AS FAR AS KNOWN:

COALINGA POLICE REPORT 18-142
TOTAL 1519.00

ITEM/DATE

AMOUNT: \$

ITEM/DATE

AMOUNT: \$

ITEM/DATE

AMOUNT: \$

ITEM/DATE

AMOUNT: \$

TOTAL ESTIMATED PROSPECTIVE DAMAGES:

\$

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BY: 73

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

NAME: REFER TO COALINGA POLICE REPORT 18-1436
ADDRESS: _____
TELEPHONE: () _____

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

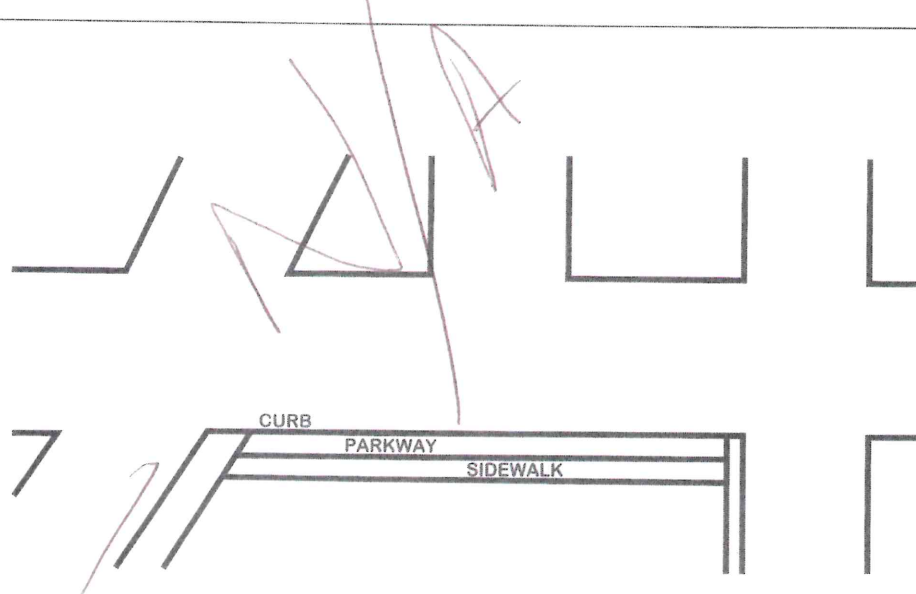
DOCTOR: _____
ADDRESS: _____
HOSPITAL: _____
ADDRESS: _____

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.

Michael Estreana
SIGNATURE OF CLAIMANT OR AGENT
ACTING ON BEHALF OF CLAIMANT

Michael Estreana
TYPE OR PRINT NAME

4/26/19
DATE

FATHER TO VICTIM CHRISTOPHER ESTREANA
RELATIONSHIP TO CLAIMANT

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