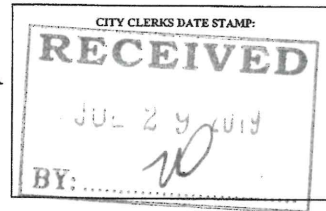




CITY OF COALINGA

LIABILITY CLAIM FOR DAMAGES TO PERSON OR PROPERTY



ORIGINAL

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.

Martin Galvan

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):

c/o Law Offices of Christopher Lombardi, 3711
Long Beach Blvd., #722, Long Beach, CA 90807

WHEN DID DAMAGE OR INJURY OCCUR?

DATE: 7-31-2019

TIME: 10:10 ☐ 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.

Interstate 5 Southbound: 700 Feet N of Arroyo Hondo
Bridge #42-241L. GPS Coordinates: 36.479490°; 120.435340°

HOW DID DAMAGE OR INJURY OCCUR?

Emergency medical personnel did not place patient
on stretcher to move him uphill from vehicle to
ambulance. Patient had a fractured back as a result
of accident.

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.)

Emergency medical personnel did not properly move patient
thereby exacerbating injuries. Employees: Michee Baggett
and Diego Acosta.

GIVE TOTAL AMOUNT OF CLAIM: (Include estimate of amount of any prospective injury or damage) \$ 1,500,000.00

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

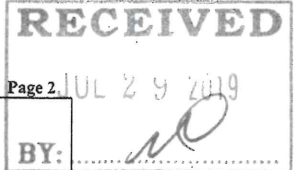
DAMAGES INCURRED TO DATE: See attached medical records and bills.

ITEM/DATE _____	AMOUNT: \$ _____
ITEM/DATE _____	AMOUNT: \$ _____
ITEM/DATE _____	AMOUNT: \$ _____
ITEM/DATE _____	AMOUNT: \$ _____
TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:	\$ _____

ESTIMATED PROSPECTIVE DAMAGES AS FAR AS KNOWN:

ITEM/DATE _____	AMOUNT: \$ _____
ITEM/DATE _____	AMOUNT: \$ _____
ITEM/DATE _____	AMOUNT: \$ _____
ITEM/DATE _____	AMOUNT: \$ _____
TOTAL ESTIMATED PROSPECTIVE DAMAGES:	\$ _____

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

NAME: See Attached Traffic Collision Report NAME: _____
ADDRESS: _____ ADDRESS: _____
TELEPHONE: () _____ TELEPHONE: () _____

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

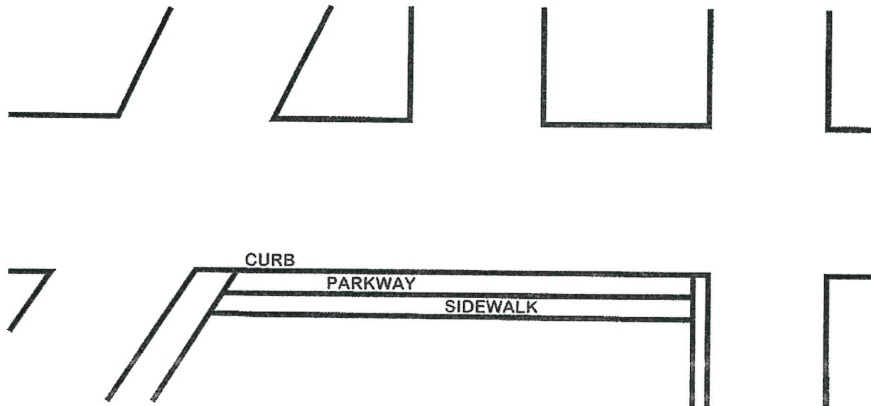
See attached medical records and bills.
DOCTOR: _____ TELEPHONE: _____
ADDRESS: _____ DATE/TIME: _____
HOSPITAL: _____ TELEPHONE: _____
ADDRESS: _____ DATE/TIME: _____

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.

Christopher Lombardi
SIGNATURE OF CLAIMANT OR AGENT
ACTING ON BEHALF OF CLAIMANT

Christopher Lombardi 7/25/19
TYPE OR PRINT NAME DATE

Attorney for Martin Galvan
RELATIONSHIP TO CLAIMANT

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