



# CITY OF COALINGA

## LIABILITY CLAIM FOR DAMAGES TO PERSON OR PROPERTY

CITY CLERK'S DATE STAMP:

AUG 11 2021  
ufo

### 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.

Astra Felder  
NAME OF CLAIMANT  
680 Hazelhurst Way Coalinga CA 93240  
HOME ADDRESS OF CLAIMANT CITY/STATE/ZIP HOME TELEPHONE NO. 3  
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):  
680 Hazelhurst Way Coalinga CA 93240

### WHEN DID DAMAGE OR INJURY OCCUR?

DATE: 7/22/21  
TIME: 4:20 ☐ 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.  
Fence in backyard of 680 Hazelhurst Way. Fence separates addresses 680 Hazelhurst and 640 Hazelhurst Way.

HOW DID DAMAGE OR INJURY OCCUR?  
City workers cut tree on Elm street behind residence and tree fell onto fence. Fence is no longer aligned which compromises entire fence stability.

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.)  
City Landscapers

GIVE TOTAL AMOUNT OF CLAIM: (Include estimate of amount of any prospective injury or damage) \$ 5915

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	<u>91 Feet of Fencing, 3 corners 8/27/21</u>	AMOUNT:	\$ <u>5915</u>
ITEM/DATE	_____	AMOUNT:	\$ _____
ITEM/DATE	_____	AMOUNT:	\$ _____
ITEM/DATE	_____	AMOUNT:	\$ _____
TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:		AMOUNT:	\$ _____

### ESTIMATED PROSPECTIVE DAMAGES AS FAR AS KNOWN:

ITEM/DATE	<u>91 Feet of Fencing, 3 corners 8/27/21</u>	AMOUNT:	\$ <u>5915</u>
ITEM/DATE	_____	AMOUNT:	\$ _____
ITEM/DATE	_____	AMOUNT:	\$ _____
ITEM/DATE	_____	AMOUNT:	\$ _____
TOTAL ESTIMATED PROSPECTIVE DAMAGES:		AMOUNT:	\$ _____

CITY OF COALINGA  
LIABILITY CLAIM FOR DAMAGES TO PERSON OR PROPERTY

AUG 11 2021

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

NAME: Astra Felder NAME: \_\_\_\_\_  
ADDRESS: 1630 Hazelhurst way 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: \_\_\_\_\_

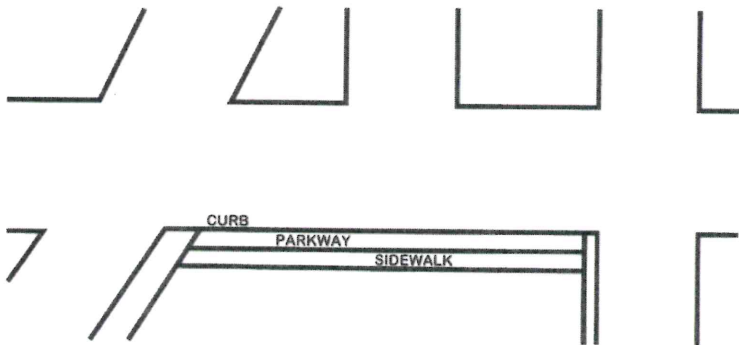
PLEASE READ THE FOLLOWING CAREFULLY:

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.

No vehicle involved



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.

Astra Felder  
SIGNATURE OF CLAIMANT OR AGENT  
ACTING ON BEHALF OF CLAIMANT

Astra Felder  
TYPE OR PRINT NAME

8/20/21  
DATE

Self  
RELATIONSHIP TO CLAIMANT

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

# Installation Proposal - Fencing

Date: 08/20/2021



Pricing will be honored up to seven (7) days from initial quote date listed above.

Store #:	2730	PSE Name:	Joe Cresmer
Customer Name:	Kevin Chatham	2 <sup>nd</sup> Customer Name:	
Customer Phone:	9095200836	Customer Email:	/
Installation Address:	680 Hazelhurst Way	City, State, Zip:	Coalinga Ca

1. Project Preparation Process	2. Installation Process	3. Clean-up/Final Inspection
<ul style="list-style-type: none"><li>o Dedicated project support staff keeps you up-to-date through every process</li><li>o Installer conducts Pre-Installation Inspection</li><li>o Provides appropriate protection to home during installation</li><li>o Obtain &amp; post any necessary permits</li></ul>	<ul style="list-style-type: none"><li>o Mark and prepare post hole locations</li><li>o Install posts and backfill holes with concrete</li><li>o Install fence material (gates, hardware, fasteners, etc.)</li><li>o Remove/haul away existing fencing material</li><li>o Follow all Health and Safety Guidelines</li></ul>	<ul style="list-style-type: none"><li>o Complete final clean-up and haul away all job-related debris</li><li>o Test product &amp; perform complete inspection with customer</li><li>o Review warranty information</li></ul>

## Additional Project Considerations:

(e.g. HOA Requirements, gate placement, obstructions, scope of work, pets, parking etc.)

trees will need to be circumvented, 1 walk gate, 91 In feet of dog ear

## Additional Notes & Product Description:

Install 91 In ft of 6' dog ear pickets with 3 braces and a 4 ft walk gate.



Total Investment:	\$ 5915
Lowe's Finance Offer Included:	
Quote Good Until:	08/25/2021

Additional charges may apply for permit fees. Installation services guaranteed by Lowe's labor warranty & available thru independent contractors, licensed, & registered where applicable. License numbers & certifications held by or on behalf of Lowe's Home Centers, LLC: AK #CONE39289 Business License #1001769; AZ #ROC291645, #ROC302577; CA #991832; CT #HIC0639387, #MCO.0903044; DE #1993102010; FL #CCC1326824, #CGC1508417; GA #GCLTQA00042, #GCLT-CO000421; HI #C-33489; IL #104016796; IA #C110383; ID #RCE-38637; LA-#LMP2481, #CBC#69642; MA #CS-081810; MD #107639; MI #2102144445, #2101165238; MN #BC692087, Bond #MB682496; NY-New York City #HIC2013543, #HIC2013631, #HIC2013535, #HIC2013629, #HIC2026792; NV-#0079079; OK #48191, 002337, 16238; OR #202237; RI #20575; TN #64743, #3070; TX #TACLB24674E, #EC-29349, HVAC246; WA #LOWESHCB63DH; WV #WV014656. See Lowes.com/licensing for current license numbers.

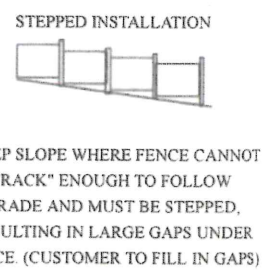
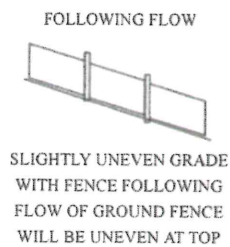
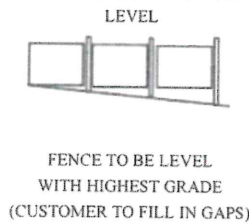
**IMPORTANT:** This is an estimate only. This estimate is subject to change and does not bind you or Lowe's. This estimate is not a contract nor will it modify any future contract you may sign with Lowe's for the installation services. You may accept this proposal only by signing the appropriate Services Solutions Installed Sales Contract with Lowe's and making payment according to the terms and conditions therein. (Estimate good for 7 days). Installation fees will be, and additional charges may be, based on total product required to fulfill order (including waste). If you would like to discuss the measurements or would like a copy of this document, please contact the Lowe's Store Associate. Please review your contract carefully for all charges prior to signing.



## Fencing Quote/Specification

CHATHAM	KEVIN	1073	1
Customer Last Name	Customer First Name	Store #/Branch Name	Customer Lead/PO#
680 Hazelhurst Way	COALINGA	CA	93210
Customer Address	City	State	Zip
91			
Home Phone#	Work Phone#	Cell Phone#	Cross Street 1
			Cross Street 2

## FENCE INSTALLATION RELATED TO GRADE:



OPTION 1	<input checked="" type="checkbox"/> LEVEL	<input type="checkbox"/> FOLLOWING FLOW	<input type="checkbox"/> STEPPED INSTALLATION
	Material: Redwood	Style: Privacy good neighbor DE	
	Height: 6'	Footage: 91'	If Gates: 1ea. 4' walk
	Post Cap: N/A	Color: Natural	Rail Type: 2x4 3-rail system
	Post Type: PostMaster Steel	Picket Type: 1x6x6' Dog Ear	Estimate: \$4954.00
OPTION 2	<input type="checkbox"/> LEVEL	<input type="checkbox"/> FOLLOWING FLOW	<input type="checkbox"/> STEPPED INSTALLATION
	Material:	Style:	
	Height:	Footage:	If Gates:
	Post Cap:	Color:	Rail Type:
	Post Type:	Picket Type:	Estimate: \$
OPTION 3	<input type="checkbox"/> LEVEL	<input type="checkbox"/> FOLLOWING FLOW	<input type="checkbox"/> STEPPED INSTALLATION
	Material:	Style:	
	Height:	Footage:	If Gates:
	Post Cap:	Color:	Rail Type:
	Post Type:	Picket Type:	Estimate: \$

This quote is valid for 7 days

## NOTES:

Install includes all removal and proper disposal of existing fence being replaced. Installing a 6' dog ear good neighbor fence with galvanized steel posts in a 3 2x4 rail system. This also includes the return to the home and a 4' walk gate all inclusive.

