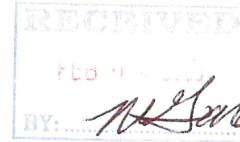




CITY OF COALINGA

LIABILITY CLAIM FOR DAMAGES TO PERSON OR PROPERTY

CITY CLERKS 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.

NAME OF CLAIMANT

Leo Trevino - Thelma Coalinga

DATE OF BIRTH OF CLAIMANT

11-6-46

HOME ADDRESS OF CLAIMANT

304 Washington St 93210

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):

WHEN DID DAMAGE OR INJURY OCCUR?

DATE: 2-4 and 2-7-03

TIME: 10:50

☒ 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.

HOW DID DAMAGE OR INJURY OCCUR?

No Injury

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.)

GIVE TOTAL AMOUNT OF CLAIM: (Include estimate of amount of any prospective injury or damage) \$240.00

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

PLEASE ATTACH TWO (2) ESTIMATES.

DAMAGES INCURRED TO DATE:

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: \$ _____	

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

NAME: NONE NAME: _____
ADDRESS: _____ ADDRESS: _____
TELEPHONE: () _____ TELEPHONE: () _____

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

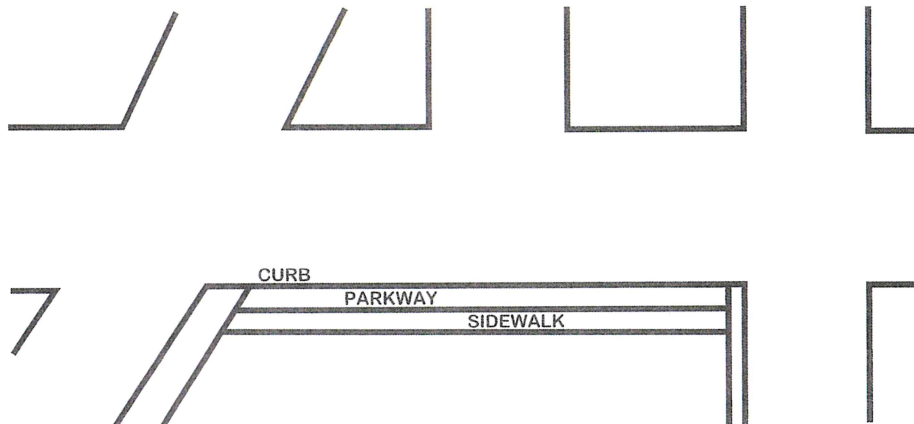
DOCTOR: NONE TELEPHONE: _____
ADDRESS: _____ DATE/TIME: _____
HOSPITAL: _____ TELEPHONE: _____
ADDRESS: _____ DATE/TIME: _____

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.

Leo Trevino
SIGNATURE OF CLAIMANT OR AGENT
ACTING ON BEHALF OF CLAIMANT

Leo Trevino
TYPE OR PRINT NAME

2-9-2023
DATE

RELATIONSHIP TO CLAIMANT

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

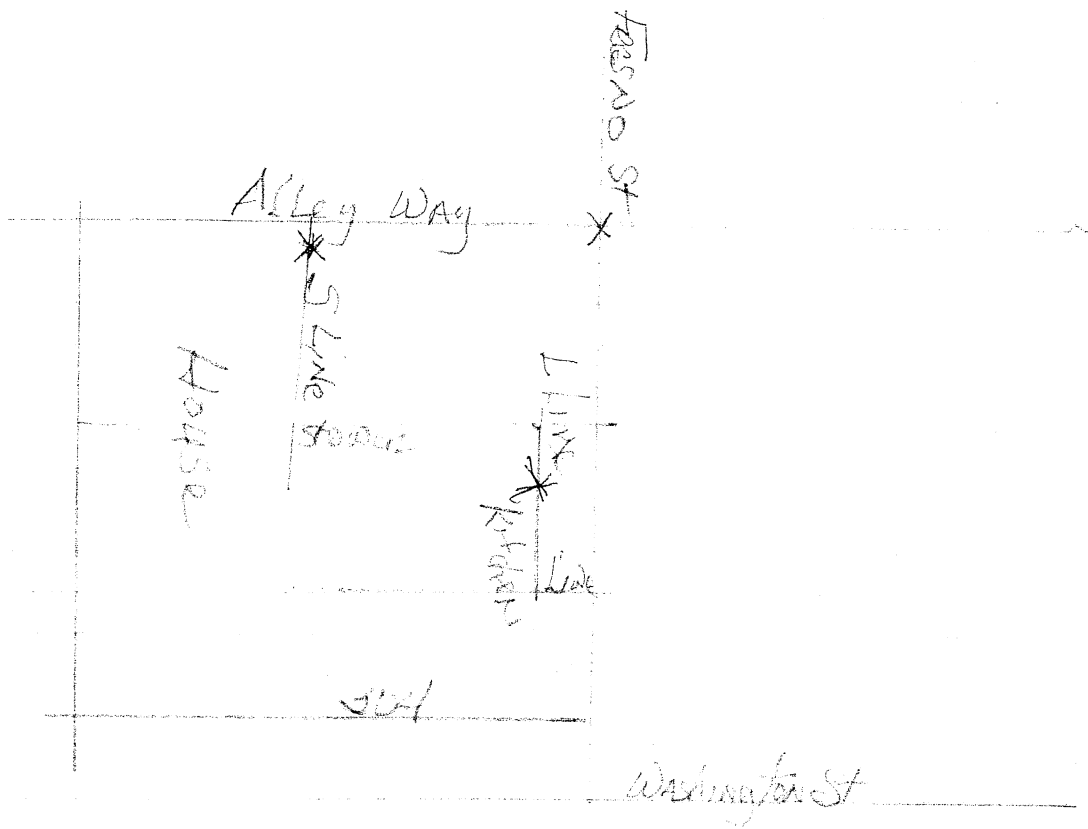
February 9, 2023

Leo and Thelma Trevino
304 Washington Street
Coalinga, CA. 93210

Claim for plumbers used to clear our plumbing at 304 Washington Street on Saturday 2/4 and Tuesday 2/7/23.

On February 1st we noticed that the City of Coalinga had a crew working on "clearing" the main City sewer line for about an hour in the late morning. Then on Friday, February 3rd, Thelma was doing laundry and the kitchen sink and laundry sink were backing up. Leo opened up the valve on the east side of the house to see if that would allow the water to drain. It was successful so Thelma continued to do laundry and it reoccurred. Leo called a plumber and it was too late to come on Friday so he stated he would be out Saturday February 4th. Oxford Plumbing came out and snaked the drain and it has been fine. Thelma told Oxford that the City had been working on the main sewer line during the week and if this was the cause of our draining problem. Oxford stated that he wasn't sure, he couldn't give us an answer. Then on Monday February 6th the water was backing up in the master bathroom, so Leo called Moreno's Plumbing to come out. Mr. Moreno came out on Tuesday February 7th and worked on the drain. Thelma then again posed the question of the City working on the sewer line the previous week. Mr. Moreno stated that it could be the problem. So once he completed on the shower it went to the outside to snake the valve near the alley way. Once he started then he pulled up a huge amount of stuff and stated that was our problem and it was probably/more than likely caused by the City working on the main sewer line on Fresno Street nearest our house.

Total amount paid to both: \$240.00



Hand-drawn map showing a street layout with labels: Fresno St, Alley Way, S Line, House, L Line, Kitchen, and Washington St.

0269616

CUSTOMER ORDER NO.		DEPARTMENT		DATE	
Oxford Plumb				2/4/22	
NAME					
LEO TREVINO					
ADDRESS					
304 WASHINGTON ST.					
CITY, STATE, ZIP					
CARLINIA GA 93210					
SOLD BY		CASH	C.O.D.	CHARGE	ON ACCT.
					
MDSE. RETD.		PAID OUT		SHIP DATE	
QUANTITY	DESCRIPTION			PRICE	AMOUNT
1	SNAKE 2" LINE				
2					
3				\$120 ⁰⁰	
4					
5	DISCOUNT - \$ 20 ⁰⁰				
6					
7				\$100 ⁰⁰	
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
RECEIVED BY				TAX	
				TOTAL	
				\$100 ⁰⁰	

KEEP THIS SLIP FOR REFERENCE

MORENO'S PLUMBING
413 ORANGE STREET
AVENAL, CA 93204
LIC. #720604
(559) 901-1170

JOB WORK ORDER

No. 003311

CUSTOMER'S ORDER NO.		PHONE	MECHANIC	DATE OF ORDER	2/7/23
BILL TO		Leo	STARTING DATE	2/7/23	
ADDRESS		Washington St.		ORDER TAKEN BY	
CITY		Coalinga Ca		☐ DAY WORK	
JOB NAME AND LOCATION		Shower Drain / Main Sewer		☐ CONTRACT	
				☐ EXTRA	
		JOB PHONE			

DESCRIPTION OF WORK

Ran snake in Shower Drain
pulled out Hair Ball.
Outside
Ran snake in clean out
problem Waste Build up.
all drains are working
properly

UB ac #5192
2/7/23
\$140.00

DATE COMPLETED		WORK ORDERED BY	TOTAL MATERIALS	
2/7/23		Leo	TOTAL LABOR	140.00
			TAX	
			TOTAL AMOUNT	140.00

Signature _____
☐ No one home
☐ Total amount due for above work: or
☐ Total billing to be mailed after completion of work

I hereby acknowledge the satisfactory completion of the above described work.

Print Name