

## OFFICE OF THE CITY CLERK

1243 National City Blvd., National City, California 91950 619-336-4228 phone / 619-336-4229 fax

To:	Risk Manager	Date:	1/29/24			
Fron	n: City Clerk's Office		·			
Re:	Personal Information					
	(Claimant / Plainti	ff / Reques	ster)			
Our	office received the following docu	ment/s:		THE THE TAIL OF MALES AND A SHARE AND A SHARE A		
	Claim for Damages – Hand-Deliv	ered				
	Claim for Damages – Delivered v	ria USPS N	Mail			
	Claim for Damages – Delivered via UPS					
	Claim for Damages - Delivered v	ria FED-EX	X	· · ·		
Date Received: 1/29/24						
Staff	member to contact for Personal Signature	questions	s regarding	receipt:		

We are forwarding the above document/s to your office for further action.



City Of National City

## RECEIVED

JAN 29 2024

Office of the City Clerk City of National City

## CLAIM FOR DAMAGES TO PERSON OR PROPERTY

	INSTRUCTIONS					
1.	Read entire claim form before filing.					
2.	This claim form must be signed at bottom.					
3.	Attach separate sheets, if necessary, to give full details. SIGN EACH SHEET.					
4.	Claims must be filed with the City Clerk, 1243 National City Boulevard, National City, CA 91950 (619) 336-4228.					
5.	Inquiries regarding status of filed claims should be directed to the Risk Manager at (619) 336-4370.					
ttention:	City Clerk					
he unde tate of C	rsigned hereby presents the following claim to the City of National City, in accordance with the laws of the California,					
1.	Name of Claimant:					
2.	Home Address of Claimant: Personal Information National City, CA 9					
	Home Telephone Number:/Cell:					
	Email: Personal Information Att. Net					
3.	Give address to which you desire notices or communications to be sent regarding this claim:					
1	San Diego, CA 92139					
4	How did DAMAGE or INJURY occur? Give full particulars:					
***						
10	egligence on the part of the city of National City					
To	provide a de quate storm drain Diotection from					
41	obding due to paradise Creek Nerflowing.					
	A CONTRACTOR OF					
5.	When did DAMAGE or INJURY occur? Give the date and time of day: 122/2024; Flooding Started at approximately 10:30 am.					
6.	Where did DAMAGE or INJURY occur? Describe fully, and attach diagram where appropriate. Give					
O.	street names and addresses and measurements from landmarks:					
DA	mage occured at					
0.	to CA 91950 Floodwaters and house and					
	THE PROPERTY OF THE PROPERTY O					

7.	What particular ACT or OMISSION do you claim caused the injury or damage? Give names of City
^	employees causing the injury or damage, ifknown:
	ity of National city provided inadequate flood
	on to protection.
8. T	What DAMAGE or INJURIES do you claim resulted? Give full extent of injuries or damages claimed:
1.0	= lood water completely destroyed yard funces,
7	Doving, appliances, carpets, drywall, lindleum,
4	DOTTICS .
9.	NAMES of physicians, hospitals, etc.:
10.	What AMOUNT do you claim on account of each item of injury or damage as of date of presentation of
	this claim? Explain how you calculated this amount. \$\\\\phi 250,000 to repair damages;
	timates gending to replace house damage, fince repair, garage repair, et
	00,000 to replace household contents based on items lost.
	ESTIMATED AMOUNT as far as known you claim on account of each item of future injury or damage,
giving	basis of computation:N/A
11.	What INCLIDANCE DAYMENTS did you are in its annual to the state of the
11.	What INSURANCE PAYMENTS did you receive, if any, and what were the names of any Insurance Company(ies):ุทธิกุย
	Company(ies).
12.	What EXPENDITURES did you make on account of accident or injury: (Date-Item) (Amount):
	The state of the s
13.	Give NAMES AND ADDRESSES of Witnesses, Doctors and Hospitals:
-04	
Attach	COPIES of any photos, documents or receipts you wish considered.
I decla	are under penalty of perjury that I have read the foregoing claim and the papers attached thereto, and that
the sa	me are true and correct to the best of my knowledge.
DATE	Personal Signature
DAIE	Claimant or Agent
	Personal Information
	Personal Information  Address of Above  Personal Information
	Personal Information
	Telephone No. of Above



## **Redaction Log**

Reason	Page (# of occurrences)	Description
no reason	2 (1)	
Personal Information	1 (1) 2 (4) 3 (2)	Under Government Code section 6255(a), personal contact information is exempt under protection of the California Public Records Act, and has been withheld on some documents responding to your request. Personal information being withheld is in the interest of the applicantowner and their right to privacy which outweighs the public interest of disclosure.
Personal Signature	<b>1</b> (1) <b>3</b> (1)	Personal Signature - Redacted for cyber protection