



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: 1/25/24

From: City Clerk's Office

Re: Personal Information

(Claimant / Plaintiff / Requester)

Our office received the following document/s:

- Claim for Damages – Hand-Delivered
- Claim for Damages – Delivered via USPS Mail
- Claim for Damages – Delivered via UPS
- Claim for Damages – Delivered via FED-EX

Date Received: 1/25/24

Staff member to contact for questions regarding receipt:

Personal Signature

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



RECEIVED

JAN 25 2024

City Of National City

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.

Attention: City Clerk

The undersigned hereby presents the following claim to the City of National City, in accordance with the laws of the State of California.

Personal Information

1. Name of Claimant: [Redacted]
2. Home Address of Claimant: [Redacted] BONITA, CA 91902
Home Telephone Number: [Redacted] /Cell: [Redacted]
Email: [Redacted] @HOTMAIL.COM

3. Give address to which you desire notices or communications to be sent regarding this claim:
[Redacted] BONITA, CA 91902

4. How did DAMAGE or INJURY occur? Give full particulars:
SEWER WATER FROM CANAL/BETWIND/ADJACENT TO PROPERTY OVERFLOWED, ONTO & INTO PROPERTY. APPROXIMATELY 4 FEET OF WATER FLOODED ENTIRE BOTTOM FLOOR OF APARTMENT BUILDING (8 UNITS FLOODED). WATER FLOWED FROM REAR OF PROPERTY TO THE NORTH, ALSO FLOODING COMMERCIAL RETAIL BUILDING. SEWER WATER FROM E PLAZA BLVD ALSO FLOODED COMMERCIAL RETAIL BUILDING FROM THE FRONT OF BUILDING.

5. When did DAMAGE or INJURY occur? Give the date and time of day:
JANUARY 22, 2024 10:36 AM

6. Where did DAMAGE or INJURY occur? Describe fully, and attach diagram where appropriate. Give street names and addresses and measurements from landmarks:
[Redacted] NATIONAL CITY CA 91950 EXTERIOR & INTERIOR FLOODING
NATIONAL CITY CA 91950 EXTERIOR & INTERIOR FLOODING

7. What particular ACT or OMISSION do you claim caused the injury or damage? Give names of City employees causing the injury or damage, if known:

SEWER CANAL FAILED AND SEWER WATER OVERFLOWED INTO THE BUILDINGS PROPERTY

8. What DAMAGE or INJURIES do you claim resulted? Give full extent of injuries or damages claimed: FLOODING TO ENTIRE APARTMENT BUILDINGS, INCLUDING LAUNDRY ROOMS & EQUIPMENT STORAGE, LANDSCAPE RUINED, HARDSCAPE, ASPHALT ALSO DAMAGED, FENCING AS WELL. FLOODING TO COMMERCIAL/RETAIL BUILDINGS. LOSS OF RENTS RENTS. APPROXIMATELY 4 FEET OF WATER PENETRATED BUILDINGS.

9. NAMES of physicians, hospitals, etc.: NA

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. DAMAGE TO 2 BUILDINGS, HARDSCAPE, SUFTSCAPE, FENCING, LOSS OF RENTS, LABOR/MANAGEMENT/LEASING. APPLIANCES & LAUNDRY EQUIPMENT
\$1,827,240.20

Give ESTIMATED AMOUNT as far as known you claim on account of each item of future injury or damage, giving basis of computation: 5495 SF x \$195.00 SF = \$1,071,525 (BOTTOM FLOOR) APARTMENT BUILDINGS
BUILDINGS: 2390 SF x \$195.00 = \$466,050, LOSS OF RENTS BUNITS + COMMERCIAL RETAIL \$88,422.20
HARDSCAPE & SUFTSCAPE & FENCING 28,749 SF x \$7.00 = \$201,243

11. What INSURANCE PAYMENTS did you receive, if any, and what were the names of any Insurance Company(ies): NO PAYMENT RECEIVED AS OF THE DATE OF THIS LETTER/CLAIM.

12. What EXPENDITURES did you make on account of accident or injury: (Date-Item) (Amount): 1/22/2024 \$1,030.00, SERVICEMASTER FLOOD COMPANY.

13. Give NAMES AND ADDRESSES of Witnesses, Doctors and Hospitals: Personal Information NATIONAL CITY CA 91950 Personal Information

Attach COPIES of any photos, documents or receipts you wish considered.

I declare under penalty of perjury that I have read the foregoing claim and the papers attached thereto, and that the same are true and correct to the best of my knowledge.

DATE: 1/24/24

Personal Signature

Claimant or Agent
Personal Information
BONITA, CA 91902
Address of Above

Personal Information
Telephone No. of Above

Redaction Log

Reason	Page (# of occurrences)	Description
Personal Information	1 (1) 2 (7) 3 (4)	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	1 (1) 3 (1)	Personal Signature - Redacted for cyber protection