

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: 2/6/24

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: 2/6/24

Staff member to contact for questions regarding receipt:

Personal Signature

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



City Of National City

RECEIVED

FEB - 6 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.

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.

1. Name of Claimant: Personal Information
2. Home Address of Claimant: Personal Information National City CA 91950
Home Telephone Number: Personal Information /Cell: Personal
Email: Personal Information@gmail.com
3. Give address to which you desire notices or communications to be sent regarding this claim:
Personal Information Spring Valley CA 91977

4. How did DAMAGE or INJURY occur? Give full particulars:
Grate was blocked near my property. Complete property loss due to flooding on 1/22/2024

We lost our home. All of our furniture and contents. 2012 Dodge Ram Truck
2004 Honda Accord. 2009 Yamaha 230 boat and trailer sustained damage.

5. When did DAMAGE or INJURY occur? Give the date and time of day:
1/22/2024 9:00-11:00 AM

6. Where did DAMAGE or INJURY occur? Describe fully, and attach diagram where appropriate. Give street names and addresses and measurements from landmarks:
see attached photos

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:
Storm Grate and Paradise Creek Water Quality and Comm Enhancement Project were not properly maintained

8. What DAMAGE or INJURIES do you claim resulted? Give full extent of injuries or damages claimed:
Total Home valued at \$700,000. Personal property valued at \$150,000
Additional Living Expenses \$\$72,000 for 2 years
Approximate \$ 922,000.00

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.

Give ESTIMATED AMOUNT as far as known you claim on account of each item of future injury or damage, giving basis of computation:

11. What INSURANCE PAYMENTS did you receive, if any, and what were the names of any Insurance Company(ies):
Farmers Insurance Paid \$14697.00 for 2012 Dodge Ram

12. What EXPENDITURES did you make on account of accident or injury: (Date-Item) (Amount):
\$4000.00 Additional living expenses, clothing, skip loader rental

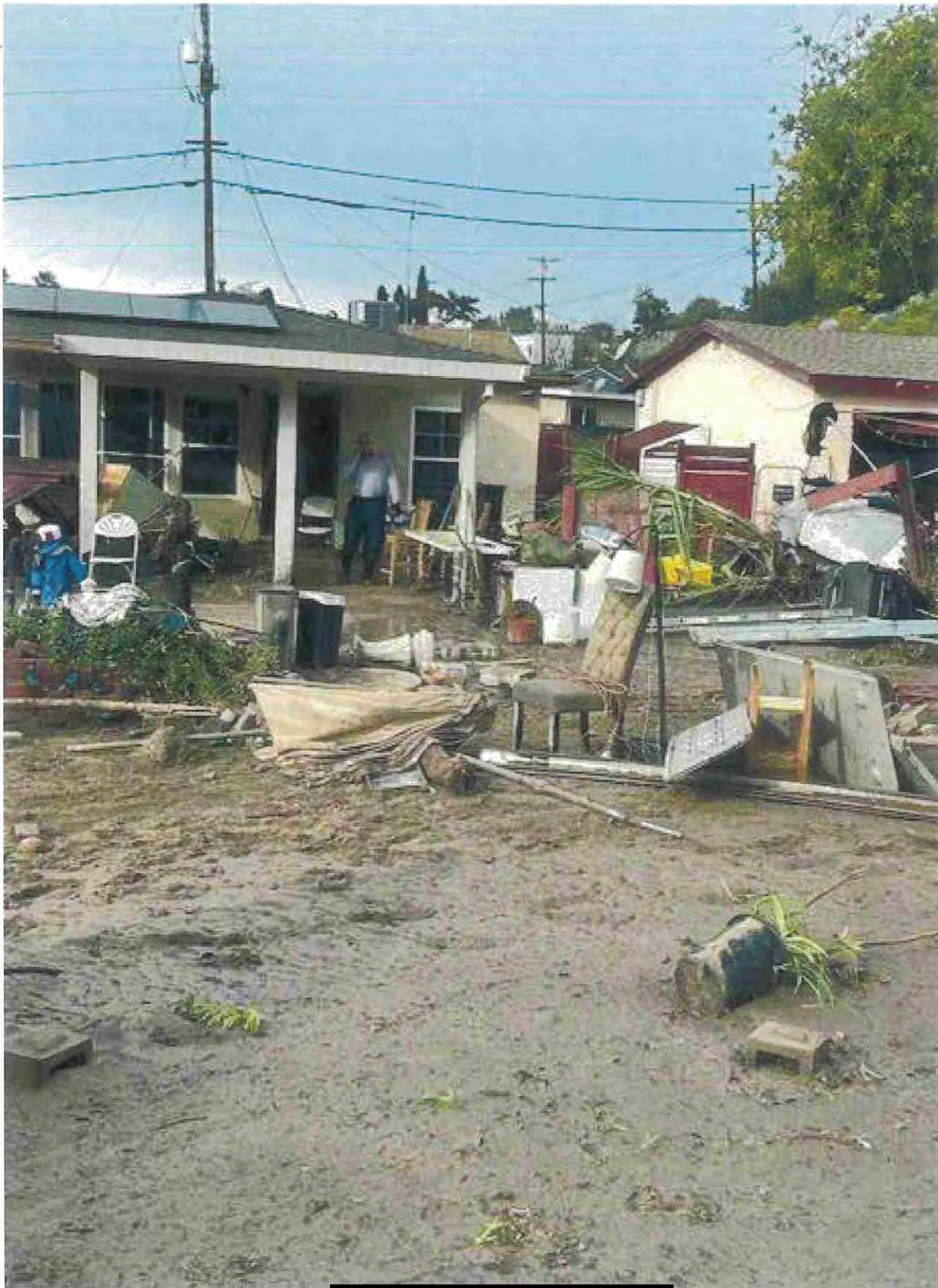
13. Give NAMES AND ADDRESSES of Witnesses, Doctors and Hospitals:
Personal Information, National City, CA 91950
National City CA 91950

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: 2/6/2024

Personal Signature
Claimant or Agent
Personal National City CA 91950
Address of Above
Personal Information
Telephone No. of Above



Personal Information

National City

Personal Signature



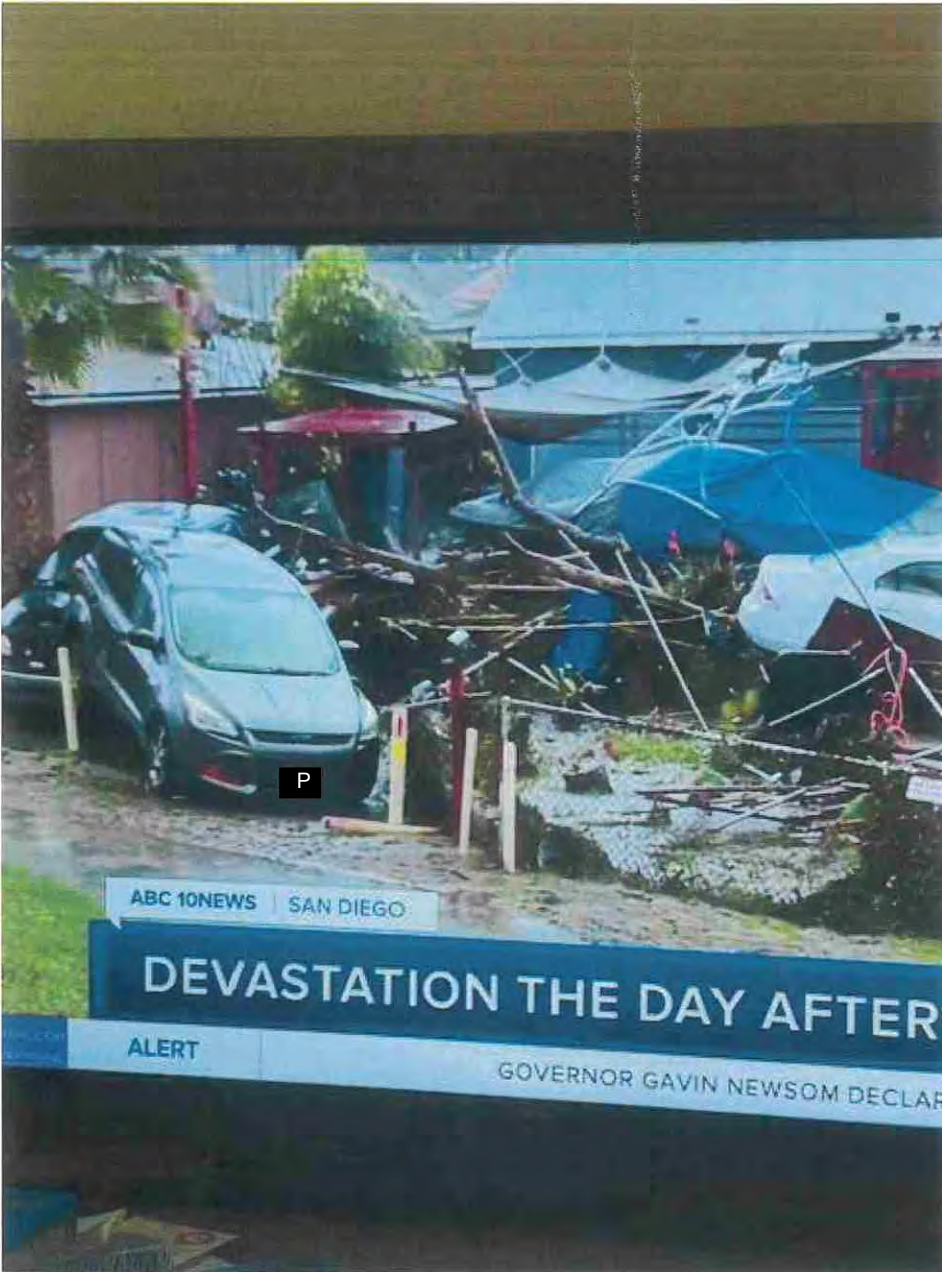
Grate

Personal Signature



Paradise Creek Water Quality + Comm
Enhancement Project

Personal Signature

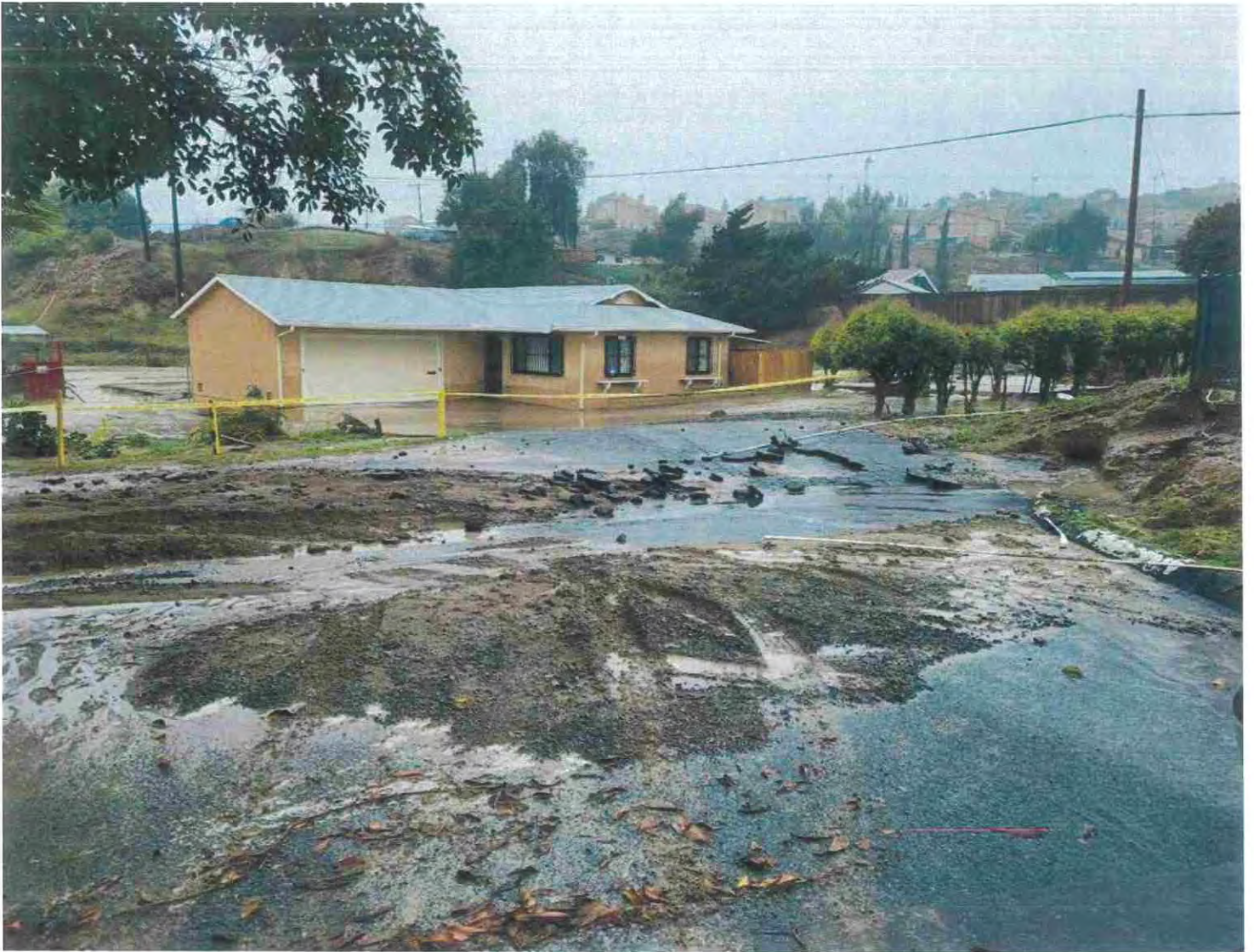


our boat at

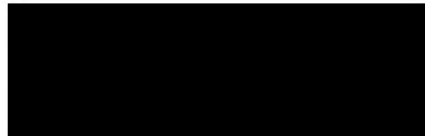
Personal Information

National City

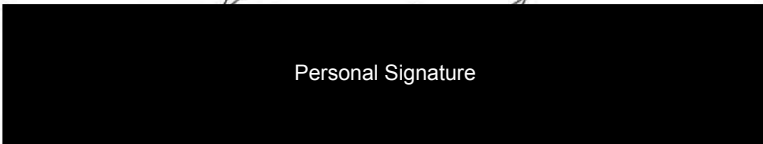
Personal Signature



Street



[Handwritten signature]



Personal Signature

Redaction Log

Reason	Page (# of occurrences)	Description
no reason	8 (1)	---
Personal Information	1 (1) 2 (6) 3 (3) 4 (1) 7 (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	1 (1) 3 (1) 4 (1) 5 (1) 6 (1) 7 (1) 8 (1)	Personal Signature - Redacted for cyber protection