



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: 2/14/24

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: 2/14/24

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 14 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: [REDACTED]
2. Home Address of Claimant: [REDACTED] Personal Information N.C. Ca. 91950
- Home Telephone Number: [REDACTED] (cell)
- Email: [REDACTED] Personal Information

3. Give address to which you desire notices or communications to be sent regarding this claim:
[REDACTED] Personal Information National City Ca. 91950

4. How did DAMAGE or INJURY occur? Give full particulars:
During hard rain pot hole was covered with debris ran over it (hit hard)

5. When did DAMAGE or INJURY occur? Give the date and time of day:
Jan. 22, 2024 8:00 pm.

6. Where did DAMAGE or INJURY occur? Describe fully, and attach diagram where appropriate. Give street names and addresses and measurements from landmarks:
In front of my apt. [REDACTED] Personal Information
WFO sign in across street.

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: ?

8. What DAMAGE or INJURIES do you claim resulted? Give full extent of injuries or damages claimed:

tire - 182.81
wheel - ✓ #
alignment - 160.00

9. NAMES of physicians, hospitals, etc.: N/A

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. went to each

place and got estimate except discount (see attachment)

Give ESTIMATED AMOUNT as far as known you claim on account of each item of future injury or damage, giving basis of computation: left tire (replaced discount)
told wheel needed to be replaced
alignment has to be done.

11. What INSURANCE PAYMENTS did you receive, if any, and what were the names of any Insurance Company(ies): N/A (only have liability)

12. What EXPENDITURES did you make on account of accident or injury: (Date-Item) (Amount): ✓
have not made (except tire 125.00)

13. Give NAMES AND ADDRESSES of Witnesses, Doctors and Hospitals: ✓ was
driving I don't know if anyone saw
it.

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: Feb. 13, 2024

Personal Signature
Claimant or Agent
Personal Information
Personal Information 7. C. Ca. 91950
Telephone No. of Above
Personal Information

QUOTE # 92013
REPRINT

CUSTOMER INFORMATION

VEHICLE INFORMATION

STORE LOCATION

Personal Information

CHULA VISTA CA 91910
(H) Personal Information

2007 FORD
FOCUS
15-INCH 3/4-DOOR

PLATE # UNKNOWN
MILEAGE: UNKNOWN
TORQUE SPECS: 095

CAS 06
NATIONAL CITY CA 91950-3611
PHONE:

099 ERIK H

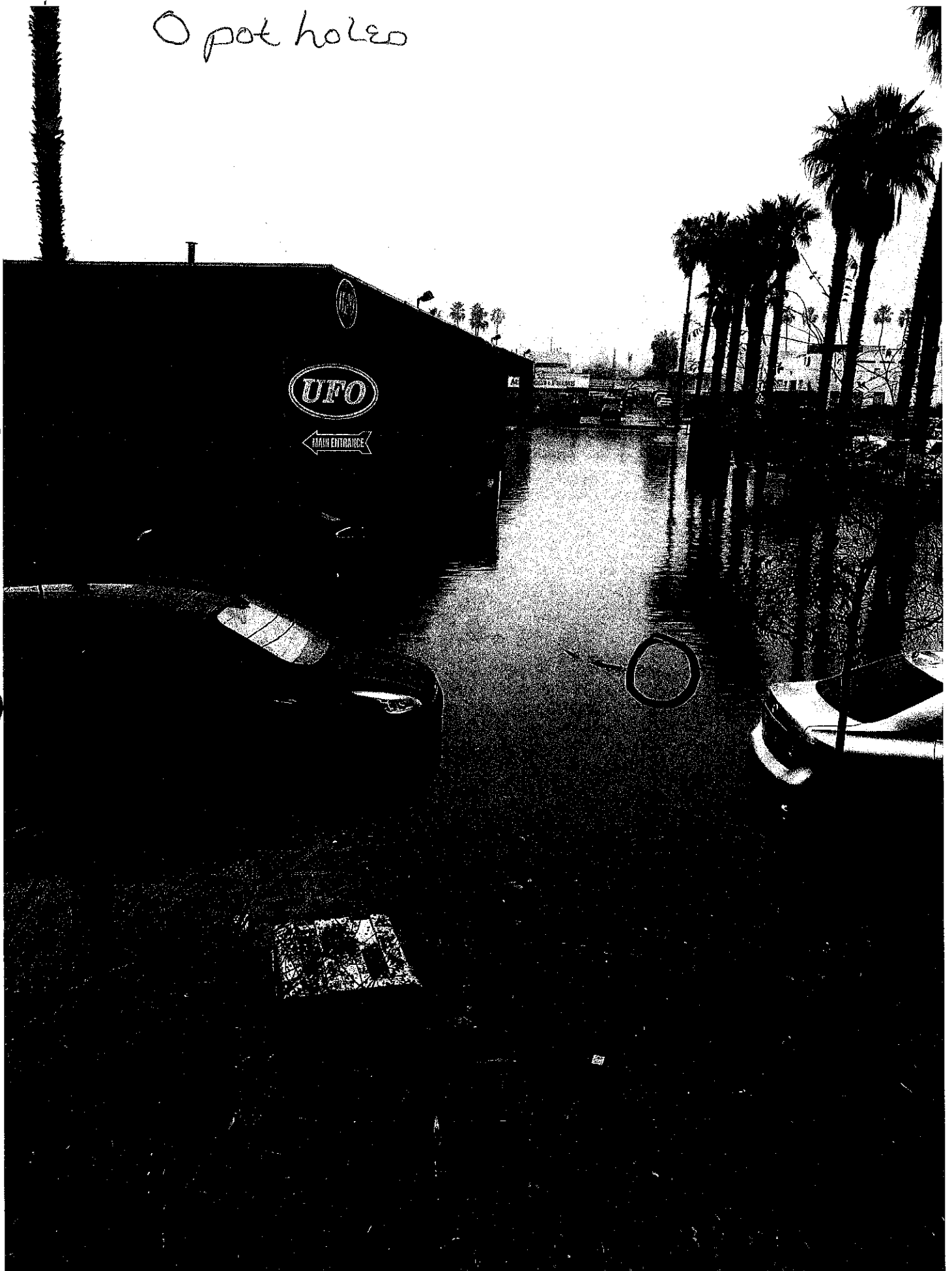
CODE	CC	QTY	SIZE/DESCRIPTION	F.E.T.	PRICE	AMOUNT
113105	NRM	1	195 /60 R15 92V XL BSW RAD DIMAX DIMAX A/S (AS-6)	.00	70.00	70.00
WARRANTY: MILEAGE- 50,000 WORKMANSHIP/MATERIALS-LIFETIME						
COMMENT: BOLT PATTERN: 4-108						
COMMENT: INFLATION F:031 R:031						
80075	NRM	1	STATE REQUIRED TIRE FEE	.00	1.75	1.75
80224	NRM	1	WASTE TIRE DISPOSAL FEE	.00	3.25	3.25
91121	NRM	1	INSTALLATION & LIFE OF TIRE MAINTENANCE	.00	22.00	22.00
48995	NRM	1	15 X6 4-108.00 41 BKGLXX LIQ ATOM 63.40	.00	73.00	73.00
WARRANTY: LIFETIME STRUCTURAL AND 1 YEAR FINISH						

TAX: 12.81
TOTAL: 182.81

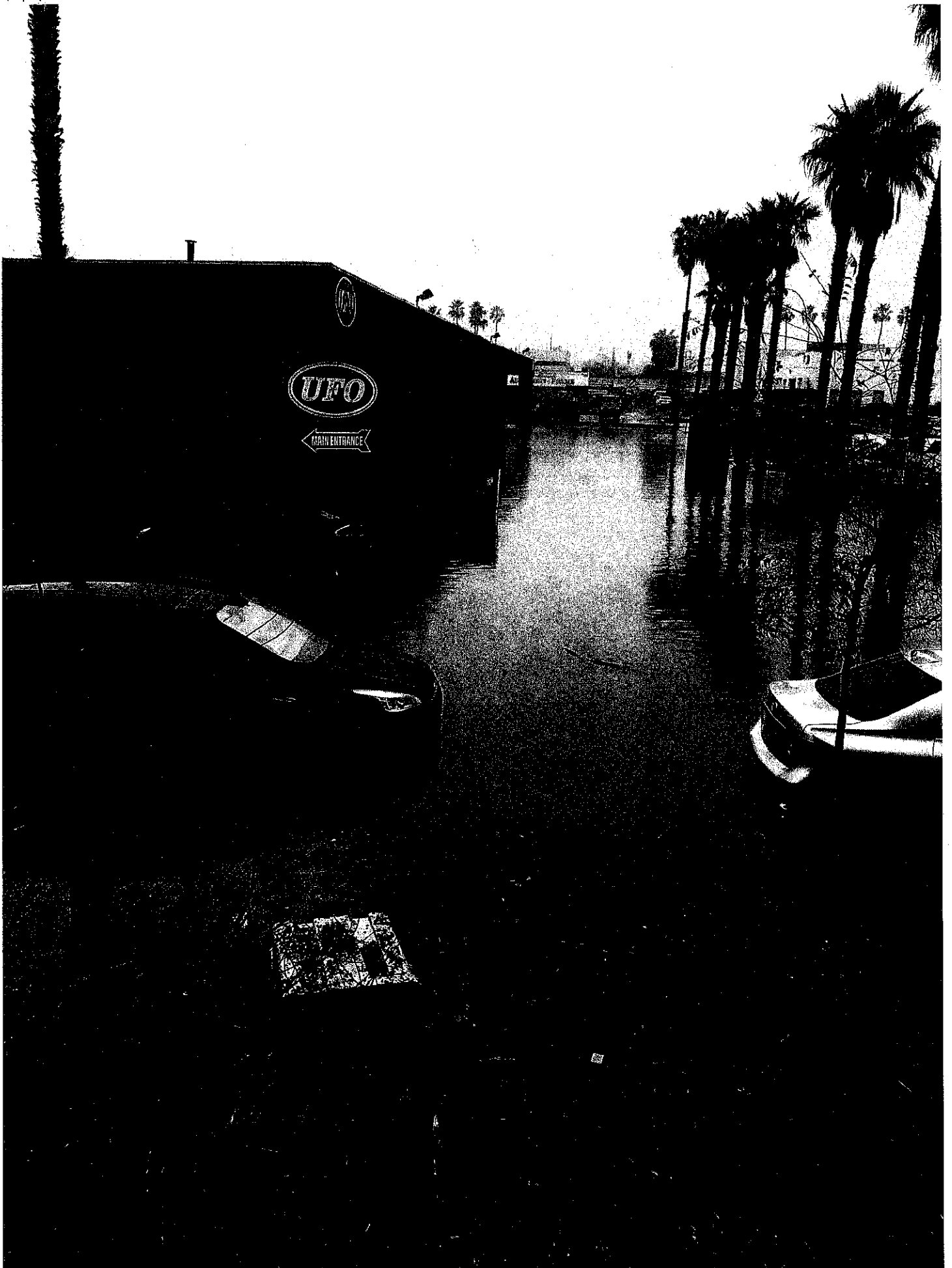
FREE CUSTOMER FLAT REPAIR AND ROTATION
This quote is good for 30 days
THANK YOU FOR SHOPPING DISCOUNT TIRE CO.

(Salesman's Signature)

O pot holes







Redaction Log

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

Redaction Log

Reason	Page (# of occurrences)	Description
Personal Information	2 (1)	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.