



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: 7/11/24

From: City Clerk's Office

Re: _____

(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: 7/11/24

Staff member to contact for questions regarding receipt:



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

RECEIVED

JUL 11 2024

Office of the City Clerk
City of National City



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] National City, CA 91950
Home Telephone Number: [REDACTED] /Cell: [REDACTED]
Email: [REDACTED]
3. Give address to which you desire notices or communications to be sent regarding this claim:
[REDACTED] Friendswood, Texas 77546
4. How did DAMAGE or INJURY occur? Give full particulars:
The flood and accumulation of water caused my retaining wall to fall. See attached pictures.
Water got into my garage and damage it as well.
5. When did DAMAGE or INJURY occur? Give the date and time of day:
January 22, 2024 (morning)
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

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:

Water channels and public storm drains were clogged with trash. This prevented the water from the rain to properly clear, which caused the flood. The City of National City failed to clean channels/drains.

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

The flood and accumulation of water caused my retaining wall to fall. See attached pictures. The water from the flood also got into my garage and damage it.

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. _____

Repairing my retaining wall will cost at least \$50,000 and at least another \$7,000 for my Garage. Not counting Emotional Distress.

Give ESTIMATED AMOUNT as far as known you claim on account of each item of future injury or damage, giving basis of computation: Future injury is expected as of today, I do not know how deep the water penetrated my land and foundation.

11. What INSURANCE PAYMENTS did you receive, if any, and what were the names of any Insurance Company(ies): _____

12. What EXPENDITURES did you make on account of accident or injury: (Date-Item) (Amount): _____

13. Give NAMES AND ADDRESSES of Witnesses, Doctors and Hospitals: _____

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: 7/14/2024

Claimant or Agent

Address of Above Friendswood, Texas 77546

Telephone No. of Above

