

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

RESERVE FOR FILING STAMP
CLAIM No. _____

INSTRUCTIONS

1. Claims for death, injury to person or to personal property must be filed not later than six (6) months after the occurrence. (Gov. Code Sec. 9112)
2. Claims for damages to real property must be filed not later than one (1) year after the occurrence. (Gov. Code Sec. 911.2)
3. Read entire claim before filing.
4. See page 2 for diagram upon which to locate place of accident
5. This claim form must be signed on page 2 at bottom.
6. Attach separate sheets, if necessary, to give full details. SIGN EACH SHEET.
7. Claim must be filed with City Clerk. (Gov. Code Sec. 915a)

RECEIVED

OCT 28 2024

CITY CLERK DEPARTMENT

TO: CITY OF VERNON CITY COUNCIL

Name of Claimant

Crown Poly, Inc.

Age of Claimant (if natural person)

N/A

Home Address of Claimant

N/A

City and State

Home Telephone Number

N/A

Business Address of Claimant

5700 Bickett St. Huntington Park, CA 90255

City and State

Business Telephone Number

323-585-5522

Give address to which you desire notices or communications to be sent regarding this claim:

5700 Bickett St. Huntington Park, CA 90255

How did DAMAGE or INJURY occur? Give full particulars.

Slauson Ave was closed for through traffic on Boyle Ave., an unknown tractor trailer did a U-Turn and hit a city tree on the sidewalk of Boyle Ave., the tree fell and damaged Crown Poly Inc. fence. Pictures attached.

When did DAMAGE or INJURY occur? Give full particulars, date, time of day, etc.:

September 10, 2024 at approximately at 7am.

Where did DAMAGE or INJURY occur? Describe fully, and locate on diagram on reverse side of this sheet, where approximate, give street names and address and measurements from landmarks:

It was on the side of 5701 Boyle Ave. Vernon, CA 90058 on the sidewalk of Boyle Ave. between 54th St. and Slauson Ave.

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

An unknown tractor trailer did a U-Turn because they couldn't pass due to the street closure on Slauson Ave. and hit the city tree and caused it to fall over and damage Crown Poly Inc.'s fence.

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

Crown Poly, Inc. fence was bent and damaged. Pictures attached.

What AMOUNT do you claim of each item of injury or damage as of date of presentation of this claim, giving basis of computation:

Fence damage - \$980.00. Invoice attached.

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

Fence damage - \$980.00. Invoice attached.

Were you insured at the time of the incident? If so, provide name of insurance company, policy numbers and amount of insurance payments received:

N/A

Expenditures made on account of accident or Injury: (Date - Item)

(Amount)

Fence repairs, invoice attached.

\$980.00

Name and address of Witnesses, Doctors and Hospitals:

N/A

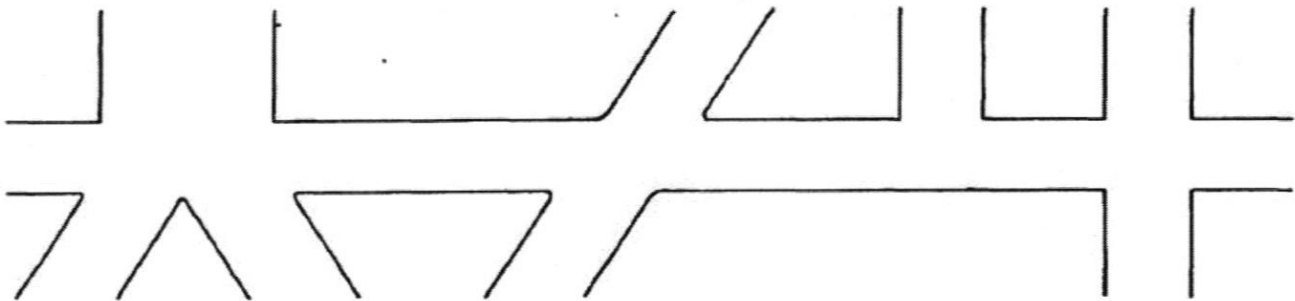
READ CAREFULLY

For all accident claims place on following diagram names of streets, including North, East, South, and West: indicate place of accident by "X" and by showing house numbers or distances to street corners.

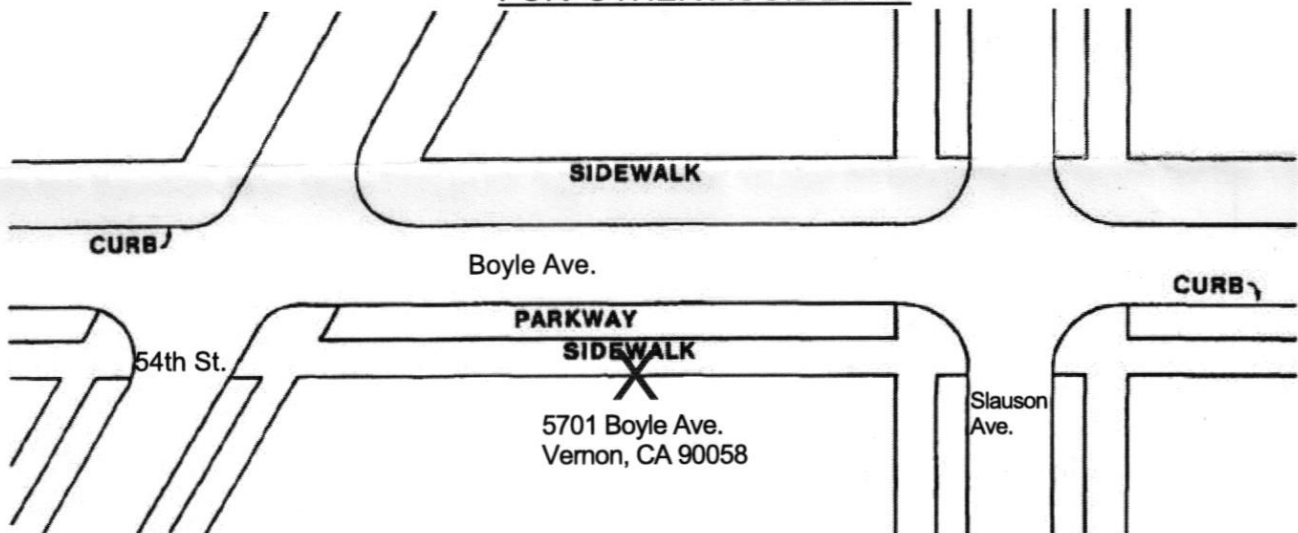
If City Vehicle was Involved, designate by letter "A" location of City vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City vehicle; location of City vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of accident by "B-1" and the point of impact by "X."

NOTE: If diagrams do not fit the situation, attach hereto a proper diagram signed by claimant.

FOR AUTOMOBILE ACCIDENTS



FOR OTHER ACCIDENTS



I declare, under penalty of perjury, that the foregoing, including any attachments, is true and correct.

Typed/Printed Name:
Catherine Browne

Signature of Claimant or person filing on his/her behalf, giving relationship to Claimant:

Catherine Browne

Crown Poly Inc
General Manager

Date:
10/16/24

NOTE: ALL CLAIMANTS MAY BE REQUESTED TO BE EXAMINED AS TO THEIR CLAIM UNDER OATH. PRESENTATION OF A FALSE CLAIM IS A FELONY (CAL. PEN. CODE SEC. 72). CLAIMS MUST BE FILED WITH CITY CLERK (GOV. CODE SEC. 915a). STATE LAW PROVIDES THAT IF YOU ARE NOT NOTIFIED OF ANY ACTION BY THE CITY OF THIS CLAIM WITHIN 45 DAYS OF FILING THEN THE CLAIM IS DEEMED DENIED (SEE GOV. CODE SEC. 911.6 & 912.4)

Arrow Steel Fence, Inc.

Mailing Address: 3615 E. 8th Street

Los Angeles, Ca. 90023

Ph. (323) 269-4130

arrowjaime@yahoo.com

INVOICE

9/17/2024

Invoice No. 324583

Bonded & Insured

PO # 70081

Vendor: V11250

Crown Poly

5700 Beckett St.

Huntington Park, Ca. 90255

Tel: (323)585-5522

Location: 5701 Boyle Ave.

Description: Damage to One Iron Fence Panel

1. Replace One 90" X 70" Iron "Apache" Panel.
¾" Sq. Pickets, 1-1/2" Top & bottom rails

2. Color: Black

Materials & Labor, Cost: \$ 980.00

Completed: October 15, 2024

PO # 70081

Sincerely,

Jaime Villaseñor – President

D.L. 323.440-2315



