

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

MAR 11 2025

CITY CLERK DEPARTMENT

TO: CITY OF VERNON CITY COUNCIL

Name of Claimant

Joshua Tadeo Gonzalez

Age of Claimant (If natural person)

22

Home Address of Claimant

City and State

Home Telephone Number

Business Address of Claimant

City and State

Business Telephone Number

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

How did DAMAGE or INJURY occur? Give full particulars.

The night of March 5, 2025 between 8 and 9pm It was pouring rain and I was driving on E Washington and Soto when my tire made contact with the pothole and blew the tire on impact causing me to pull over to the Carl's jr parking lot and change the tire.

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

This Damage occurred on March 05, 2025 at 8pm

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:

This Damage occurred on East Washington Blvd and Soto right beneath the railroad bridge coming up on the Carl's jr Intersection.

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:

Dangerous Condition/ Negligent Act

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

This resulted in a popped front passenger tire.

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

The Total was \$97.46

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

When I had gone to repair the tire, the total came out to be \$97.46 for the tire.

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

No

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

(Amount)

Just replacing the tire.

Name and address of Witnesses, Doctors and Hospitals:

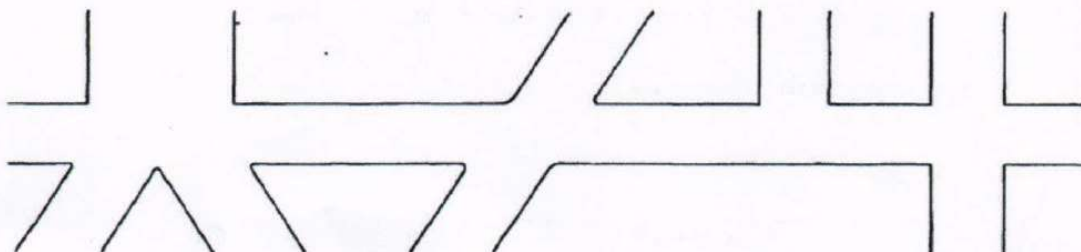
READ CAREFULLY

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.

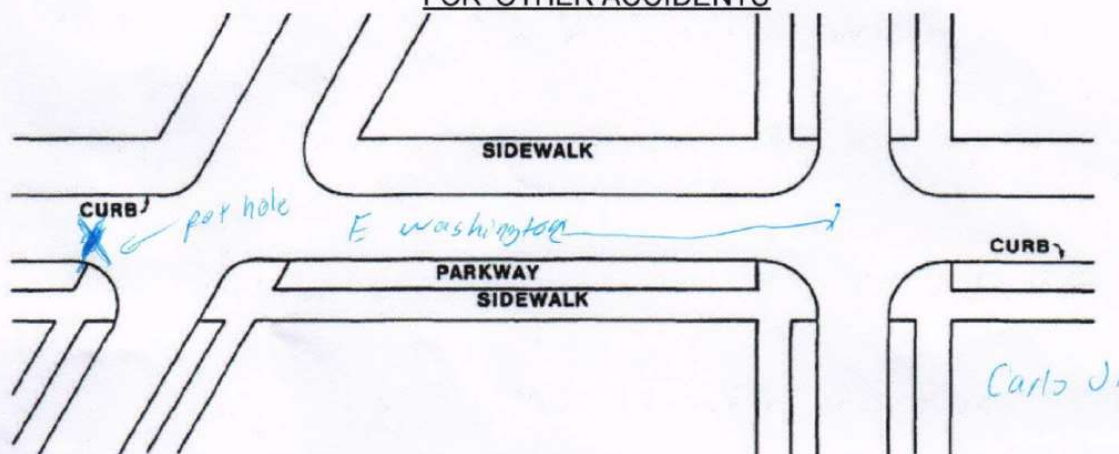
If City Vehicle was Involved, designate by letter "A" location of City vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City vehicle; location of City vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of accident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

Joshua Tadeo Gonzalez

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

Date:

March
10/2025

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)

Rev. 8/4/18

3:36



< 108



Text Message • SMS
Wednesday 8:39 PM

Hello, I am your AAA virtual assistant. Use this link to easily request Roadside Assistance:

<https://chat.ace.aaa.com/?source=ivr>

Msg/Data rates may apply. Reply STOP to cancel text. Reply HELP for help. T/C's and Privacy: <https://www.AAA.COM/textterms/>

The sender is not in your contact list.

Report Junk



Text Message • SMS

