

### **3. Claim Against the City**

Recommendation:

Receive and file the claim submitted by Jodi Ichiyama.

## City Council Agenda Report

Meeting Date: March 18, 2025  
From: Deborah Harrington, City Clerk  
Department: City Clerk  
Submitted by: Yonnie Parker, Deputy City Clerk

### Subject

Claim Against the City

### Recommendation

Receive and file the claim submitted by Jodi Ichiyama.

### Background

The City received the following claim and pursuant to Municipal Code Section 2.32.040, the claim is being presented to the City Council as soon after filing of the claim with the City as practical.

Name of Claimant	Amount Demanded	Date Received
Jodi Ichiyama	\$345	March 6, 2025

### Fiscal Impact

There is no fiscal impact associated with this report.

### Attachments

1. Jodi Ichiyama Claim

## 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. 911.2)
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)

TO: CITY OF VERNON CITY COUNCIL

Name of Claimant

Jodi Ichijama

Age of Claimant (If natural person)

61

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:

[Redacted] or [Redacted]

How did DAMAGE or INJURY occur? Give full particulars.

Exited the I-5 freeway - proceeded to Alameda and then to Washington Blvd. There were many potholes along the way.

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

The damaged occurred on 3/2/25 @ 11:40 am

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:

The damaged started on Alameda and ended on Washington Blvd.

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:

My tire popped from the potholes and has to call Lexus to come change my tire. My car/tires are brand new (the car was purchased 10/24).

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

I was forced to purchase a brand new 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 tire costed me \$345

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

Tire cost \$345

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

yes, I was insured but did not utilize my insurance

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

(Amount)

3/5/25  
\$345-

Name and address of Witnesses, Doctors and Hospitals:

N/A

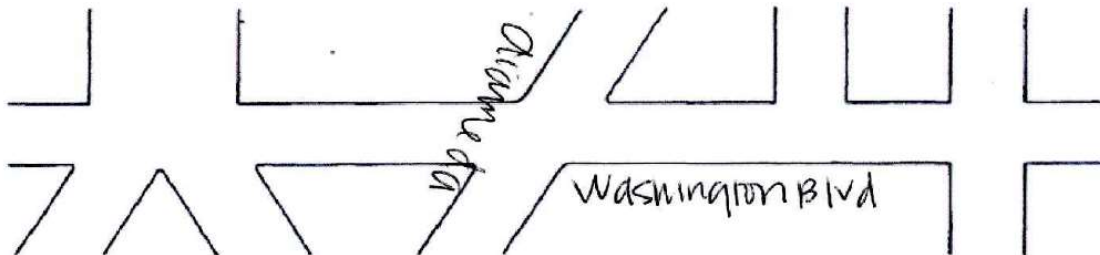
#### READ CAREFULLY

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.

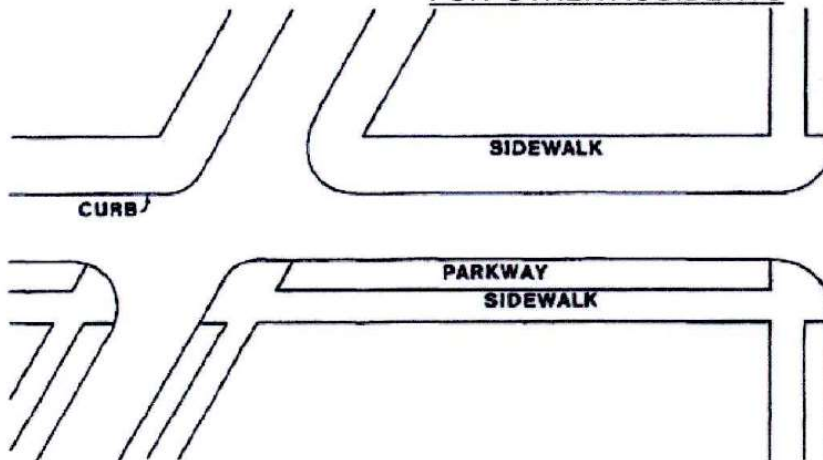
If City Vehicle was Involved, designate by letter "A" location of City vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City vehicle; location of City vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of accident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



PREMIER WHEELSPROTIRE  
16102 S. PIONEER BLVD  
NORWALK, CA 90650  
03/04/2025 14:28:05  
CREDIT CARD  
MC SALE  
Card # XXXXXXXXXXXX3107  
Chip Card: MASTERCARD  
AID: A0000000041010  
SEQ #: 15  
Batch #: 437  
INVOICE 15  
Approval Code: 041752  
Entry Method: Chip Read  
Mode: Issuer

I declare, under penalty of perjury, that the foregoing, including any attachments

SALE AMOUNT

\$345.00

Typed/Printed Name:

Jodi Ichiyama

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

[Redacted Signature]

Date:

3/5/25

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. 8/4/16



**From:** [Jodi Ichiyama](#)  
**To:** [Parker, Yonnie](#)  
**Cc:** [CityClerkGroup](#)  
**Subject:** Re: Claim for Damages Form  
**Date:** Wednesday, March 5, 2025 6:59:35 PM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image003.png](#)  
[image004.png](#)  
[Tire damage 030325.pdf](#)

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Hello Yoonie,

Thank you for your assistance on this matter.

I have attached the completed form that you forwarded to me with the information that was requested, with the receipt of the tire that I had to purchase on 3/4/25. I wanted to include that I turned east on Washington Blvd from Alameda. I have also attached a few pictures of the last pothole that I encountered. I was not able to take pictures of all the potholes that I encountered due to the traffic on the streets. If you have any questions, please feel free to contact me.

Thank you,

Jodi Ichiyama

On Mon, Mar 3, 2025 at 12:30 PM Parker, Yonnie <[yparker@cityofvernonca.gov](mailto:yparker@cityofvernonca.gov)> wrote:

Dear Jodi,

I'm sorry to hear about the unfortunate accident to your vehicle resulting from hitting a pothole. As we discussed on the phone, please find and read the instructions on page 1 of the attached Claim for Damages Form. Please also be sure to attach any supporting information such as diagrams, photos, invoices or estimates.

Kindest regards,

**Yonnie Parker, CMC | Deputy City Clerk**

**City Clerk Department**

Desk: [323-583-8811](tel:323-583-8811) x 203 | [yparker@cityofvernonca.gov](mailto:yparker@cityofvernonca.gov)

4305 Santa Fe Avenue | Vernon, CA 90058



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