





Reserve for filing stamp

**CLAIM PRESENTED TO THE CITY OF MARTINEZ**

\* Please read the instructions on the back before completing.

**RECEIVED**  
APR 16 2009  
CITY OF MARTINEZ  
CITY CLERKS OFFICE

1. Claimant's Name: (PRINT) LINNIE MAE MARTIN  
Address: P.O. Box 666, Oregon House, CA 95962  
Day Phone: (530) 692-1167 Eve Phone: (530) 559-1993

2. When did the damage or injury occur?  
Month: MARCH Day: 26 Year: 09 Time: a.m./p.m. 2:01 PM Police Report # NO

3. At which location did the damage or injury occur?  
MAIN & COURT STREETS

4. a. What happened and why is the City responsible? WHILE WALKING ON MAIN STREET GOING TOWARD COURT STREET, I FAILED TO NOTICE THE IRREGULAR RISE IN THE SIDEWALK. THERE WERE NO CONES, BARRICADES OR OTHER WARNING DEVICES TO ALERT PEOPLE WALKING ON THE SIDEWALK OF A POTENTIAL

b. Name and position of responsible City Employee(s), if known:  
UNKNOWN.

5. What damage or injury occurred?  
INJURY TO MY HEAD, ARMS, LEGS, RESULTING IN STRETCHED AND TORN LIGAMENTS (REFER TO PHOTOS ATTACHED)

6. Claim amount (only if less than \$10,000): UNKNOWN - 10,000<sup>00</sup>  
If the amount exceeds \$10,000, please check (X) the court of appropriate jurisdiction:  
 Municipal Court (claims up to \$25,000)  Superior Court (claims over \$25,000)

7. How did you arrive at the amount claimed? Please attach documentation.  
BECAUSE OF THE CONTINUED PAIN, THE VISIBLE INJURY TO MY FACE, HAND, LEGS, THE REPEATED TRIPS TO THE DOCTOR, AND THE PAIN AND SUFFERING CAUSED BY THE INCIDENT.

8. I declare under penalty of perjury under the laws of the State of California that the following information is true and correct, and that this declaration was executed on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ CA.

Linnie Martin  
Signature of Claimant or Representative's Signature

9. **Official Notices and Correspondence**  
If represented by an insurance company or an attorney, please provide the information requested below.  
Name and Capacity: (PLEASE PRINT) \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Daytime Telephone: ( ) \_\_\_\_\_ Evening Telephone: ( ) \_\_\_\_\_

WITNESS #1  
GREY - 408-605-7462

WITNESS #2  
LUPE GONZALEZ 510-735-7356