



CLAIM PRESENTED TO THE CITY OF MARTINEZ
 * Please read the instructions on the back before completing.

Reserve for filing stamp

01-15

RECEIVED
 AUG 13 2009

CITY OF MARTINEZ
 CITY CLERKS OFFICE

1. Claimant's Name: (PRINT) Sarah Skaar
 Address: 722 Robinson St
 Day Phone: 925 518-0729 Eve Phone: 925 518-0729

2. When did the damage or injury occur?
 Month: 7 Day: 9 Year: 09 Time: a.m./p.m. 12:00 Police Report # _____

3. At which location did the damage or injury occur?
600 Ferry St.

4. a. What happened and why is the City responsible? markstein truck hit tree and large portion of tree fell on my car. markstein insurance said the tree branch was too low. see attached letter.
 b. Name and position of responsible City Employee(s), if known: _____

5. What damage or injury occurred? numerous large scratches on car & front right side of car dented. * the police did come out & take pictures also, I don't have copies.

6. Claim amount (only if less than \$10,000): approx. \$1500.00
 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.
this is the low estimate

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 8/10/09, 2009 at mtz CA.
Sarah Skaar
 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: () _____