



CLAIM PRESENTED TO THE CITY OF MARTINEZ

* Please read the instructions on the back before completing.

RECEIVED
SEP 25 2009

CITY OF MARTINEZ
CITY CLERK'S OFFICE

09-20

1. Claimant's Name: (PRINT) Allison SANTIAGO
 Address: 348 MANOR PARK CIRCLE
957-7879
 Day Phone: (707) 691 5887 Eve Phone: () 691 5887

2. When did the damage or injury occur?
 Month: 09 Day: 24 Year: 2009 Time: a.m./p.m. 1:00 Police Report #

3. At which location did the damage or injury occur? marina Vista - Martinez

4. a. What happened and why is the City responsible? street work was being performed. a street sweeper was putting out large plume of thick sandy type material completely coating my car and some of the "dust" came in and got on me. through
 b. Name and position of responsible City Employee(s), if known: i also could smell it. therefore obviously breathing in. COASTIC?

5. What damage or injury occurred? Don't know what damage to me can occur as I don't know the material. Car is covered w/ dust so it needs another wash. I just got it washed 6 days ago. clothes to be cleaned

6. Claim amount (only if less than \$10,000): \$30.00
 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. Car wash amount just paid. No receipts on hand. Dry cleaning needed.

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 Sept. 24, 2009, at Martinez CA.
Allison Santiago
 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: () _____



Reserve for filing stamp

CLAIM PRESENTED TO THE CITY OF MARTINEZ
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RECEIVED
OCT 09 2009

CITY OF MARTINEZ
CITY CLERKS OFFICE

09-23

1. Claimant's Name: (PRINT) Nancy L Taylor
 Address: 905 Putnam St. Antioch, CA 94509
 Day Phone: (925) 628-5608 Eve Phone: (same)

2. When did the damage or injury occur?
 Month: Sept Day: 25 Year: 2009 Time: a.m./p.m. 10:00-
11:00 Police Report # _____

3. At which location did the damage or injury occur?
Howe Rd, Center Ave, Arnold Dr.

4. a. What happened and why is the City responsible? The city workers or the City contracted somebody to paint the white lines at the above locations and there was no indication there was wet paint

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

5. What damage or injury occurred?
White paint on my left tires, left fender wells, and left side of my car. I was working and was in & out of my car all day. When I back tracked my work route, I discovered where I had gotten the paint from.

6. Claim amount (only if less than \$10,000): \$ 688.88
 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.

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 Oct 1, 2009, at Antioch CA.
Nancy L Taylor
 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: () _____



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Reserve for filing stamp

CLAIM PRESENTED TO THE CITY OF MARTINEZ
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RECEIVED
OCT 16 2009

CITY OF MARTINEZ
CITY CLERKS OFFICE

09-24

1. Claimant's Name: (PRINT) STATE FARM ALSO DENNIS FRANCO
 Address: PO BOX 2371 BLOOMINGTON, IL 61702
 Day Phone: (877) 457-8276 Eve Phone: ()

2. When did the damage or injury occur?
 Month: 7 Day: 12 Year: 2009 Time: a.m./p.m. 11:00 P.M. Police Report # N/A

3. At which location did the damage or injury occur?
414 ARCEBA

4. a. What happened and why is the City responsible? TREE LIMB FELL AND DAMAGED THE INSURER'S VEHICLE. FAILURE TO MAINTAIN TREES.

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

5. What damage or injury occurred? 2006 DODGE CHARGER

6. Claim amount (only if less than \$10,000): \$ 3,750.61
 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.
SEE REPAIR BILLS

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 10-9-09, 2009, at BLOOMINGTON CA.
[Signature] STATE FARM ALSO DENNIS FRANCO
 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) STATE FARM MUTUAL
 Address: PO BOX 2371
 City, State, Zip: BLOOMINGTON, IL 61702
 Daytime Telephone: (877) 457-8276 Evening Telephone: () N/A