



Reserve for filing stamp

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

RECEIVED
OCT 28 2009

CITY OF MARTINEZ
CITY CLERK'S OFFICE

09-28
GL-009577

1. Claimant's Name: (PRINT) Shiba Ahmadi
Address: 100 Wildcroft Drive, Martinez, CA 94553
H# _____ or _____
Day Phone: (925) 335-2244 Eve Phone: (925) 216-5995 - cell # _____

2. When did the damage or injury occur?
Month: 10 Day: 19 Year: 2009 Time: a.m./p.m. Don't know exact time! Police Report # None

3. At which location did the damage or injury occur?
100 Wildcroft Dr. Martinez, CA 94553

4. a. What happened and why is the City responsible? I've my mailbox right on the street & on the 10-19-09 a big branch of the tree fell down on top of my mailbox and broke the top glass and the mainstand & fell down all over the street. I contacted Heather Hills HOA & they told me that the area belongs to City of Martinez & they're not liable for any damage.

b. Name and position of responsible City Employee(s), if known:
None

5. What damage or injury occurred? The HOA clean & remove the tree but need to maintain these old trees because they're dangerous & it could of fall on us if we go to pick up our mail. I talk to Dave Rustey @ City of Martinez today @ 372-3583 & he told me to need to do the claim because he said that the area belongs to HOA. I need the responsible party to replace & pay for my mailbox damage which I've included my receipt of sale street was bought & need to clarify who is really responsible for it.

6. Claim amount (only if less than \$10,000): \$887.64 I bought & plus installation fee which is
If the amount exceeds \$10,000, please check (X) the court of appropriate jurisdiction: approximately \$1,000 to \$1,050.
 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.
I've my receipts of the sale of my mailbox that was purchased & glad that had & kept it & paid close to somewhere \$100-\$150 for installation but could not find that receipt.

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 Monday, Oct 26, 2009, at Martinez CA.

Shiba Ahmadi
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: Same As Above

City, State, Zip: _____

Daytime Telephone: () _____ Evening Telephone: () _____



CLAIM PRESENTED TO THE CITY OF MARTINEZ
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RECEIVED
OCT 06 2009
CITY OF MARTINEZ
CITY CLERK'S OFFICE
09-30

1. Claimant's Name: (PRINT) Luz I. Bermudez
 Address: 103 Player Ct. #2, Walnut Creek, CA 94598
 Day Phone: (925) 935-7900 Eve Phone: () SAME

2. When did the damage or injury occur?
 Month: October Day: 21 Year: 2009 Time: 2 a.m./p.m. 10:00 Police Report # _____

3. At which location did the damage or injury occur? F St. at Alhambra, crosswalk from Safeway to Martinez Adult School.

4. a. What happened and why is the City responsible? See Attached explanation.

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

5. What damage or injury occurred?
Scraped / left palm, left elbow, right knee (bleeding), Very sore shoulder, Arm and leg due to the fall. Also felt something in my throat.

6. Claim amount (only if less than \$10,000): \$ 1772.84
 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. My emergency bill is \$1272.84. I am asking an additional \$500.00 for my pain and suffering.

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 November 6, 2009, at Martinez CA.
Luz I. Bermudez
 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: () _____

November 6, 2009

Luz Bermudez
103 Player Ct. #2
Walnut Creek, Ca 94598
(925) 935-7900

DOI: 10-21-2009

RE: CLAIM PRESENTED TO THE CITY OF MARTINEZ

4a. What happened and why is The City Responsible?

I was in the crosswalk, crossing from Safeway to Martinez Adult Education on October 21, 2009 at 10:00 a.m. I tripped over a rope that had been placed midway in the crosswalk by city workers. This created a hazard. There were no sign's warning me of this hazard; there no cones alerting me of this obstruction. I fell hard and injured myself. I was pretty banged up and very bruised. Neither worker came to my aid or offered immediate assistance. One of the workers thought my falling was funny; to add insult to injury. I took myself to the emergency room at John Muir Health Hospital on October 22, 2009. My treatment consisted of cleaning my deep scrapes, making sure nothing was broken or sprained, and I had to get a tetanus and diphtheria shots to prevent infection. This accident happened to me because of the carelessness of a city worker. I also missed two days of class as a result of this accident.

Part Concerning Money: My emergency room bill is \$1272.84. I am asking for an additional \$500.00 for my pain and suffering, for a total of \$ 1,772.84.

Sincerely,


Luz Bermudez