



Reserve for filing stamp

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

RECEIVED
FEB 25 2010

CITY OF MARTINEZ
CITY CLERKS OFFICE

10-05

1. Claimant's Name: (PRINT) Muir Lodge Motel
 Address: 3930 Alhambra Ave. Martinez, Ca 94553
 Day Phone: (925) 519-0284 Eve Phone: () Same

2. When did the damage or injury occur?
 Month: 11 Day: 23 Year: 2009 Time: a.m. / p.m. _{12:00} Police Report # 09-4145

3. At which location did the damage or injury occur? Entrance of Muir Lodge Motel

4. a. What happened and why is the City responsible? Due to accident across street hydrant water

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

5. What damage or injury occurred?
Pipe broke do to Serge, water hammer Michael P. Smith has the full report.

6. Claim amount (only if less than \$10,000): 2000.00
 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.

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 Feb. 25, 2010, at Martinez CA.
[Signature]
 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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RECEIVED
FEB 19 2010

CITY OF MARTINEZ
CITY CLERKS OFFICE

10-04

1. Claimant's Name: (PRINT) LINDA D. MITCHELL
Address: 3640 SERRANO ST. MARTINEZ, CA 94553
Day Phone: (925) 286-5594 Eve Phone: (925) 370-2003

2. When did the damage or injury occur?
Month: 01 Day: 05 Year: 2010 Time: a.m. p.m. 1:30 Police Report # _____

3. At which location did the damage or injury occur?
IN FRONT OF HOME @ 3640 SERRANO ST.

4. a. What happened and why is the City responsible? During city construction of re-piping water supply. Stepped onto hole that was not properly covered or marked. All neighboring properties had large plywood placed over holes, while our property had 3 concrete water meter lids placed in a row looking flush.
b. Name and position of responsible City Employee(s), if known:
Martinez Water District

5. What damage or injury occurred? Fell into approx. 3 ft. hole falling forward hitting stomach on temporary "no parking" sign that collapsed causing fall into street. I was 32 weeks pregnant at the time. Immediately went to Labor & Delivery at Kaiser Walnut Creek where I began having some contractions and high blood pressure. I was kept overnight for observation for fear of placental abruption or pre-term labor.

6. Claim amount (only if less than \$10,000): \$8,488.⁰⁰
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.
Lost sick time wages for husband who took care of other 2 children and wife for 2 days. lost sick time wages for claimant. Pain and suffering, disruption of family activities and education, distress about condition of unborn child.

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 FEBRUARY 16TH, 2010, at MARTINEZ CA.

Linda D. Mitchell
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: () _____