



# CITY OF HERMOSA BEACH

## CLAIM REPORTING FORM FOR ALL PERSONS OR PROPERTY

FILE WITH: City Clerk's Office  
 City of Hermosa Beach  
 1315 Valley Drive  
 Hermosa Beach, CA 90254

RESERVE FOR FILING STAMP

DEPT. NO. \_\_\_\_\_



### INSTRUCTIONS

1. Claims for death, injury to person or to personal property must be filed not later than six months after the occurrence. (Gov. Code Sec. 911.2)
2. Claims for damages to real property must be filed not later than 1 year after the occurrence. (Gov. Code Sec. 911.2)
3. Read entire claim form before filing.
4. See page 2 for diagram upon which to locate place of accident.
5. This claim form must be signed on page 2 at bottom.
6. Attach separate sheets, if necessary, to give full details.

Name of Claimant **BRIAN ANSTEY (HOA SECRETARY)**

The following information is required by the Federal government for all claims of personal injury:

Social Security Number: \_\_\_\_\_

Date of Birth: **06/09/1945**

Home Address Of Claimant **736 GOULD AVE # 23  
 HERMOSA BEACH, CA 90254**

Occupation of Claimant  
**REAL ESTATE BROKER**

Business Address of Claimant **525 S. DOUGLAS ST. #270  
 EL SEGUNDO, CA 90245**

Home Telephone Number  
**(310) 798-7950**

Give address and telephone number to which you desire notices or communications to be sent regarding this claim. **310 480 3890  
 736 GOULD AVE # 23, HERMOSA BEACH**

Business Telephone Number  
**(424) 281-3700**

Date of Damage/Loss/Injury  
**JUNE 26, 2018**

3:30 Time **(P.M.)**  
 A.M.

Place of Damage/Loss/Injury **736 GOULD AVE, HERMOSA BEACH, CA 90254**

How did damage/loss/injury occur? (Be specific) **REDONDO BEACH POLICE WERE IN A STOLEN VEHICLE CHASE, WHICH ENDED IN OUR DEAD-END DRIVEWAY**

Were Police at scene? Yes  No   
 Were Paramedics at scene? Yes  No

Report No. \_\_\_\_\_

What particular act or omission do you claim caused the damage/loss/injury. **THE FUGITIVE EXITED THE VEHICLE AND, WHILE ATTEMPTING TO ESCAPE, DAMAGED A SECTION OF OUR PERIMETER WOODEN FENCE**

Name of City employee(s) causing the damage/loss/injury:  
**N/A.**

The amount claimed, as of the date of presentation of this claim, is computed as follows: (please attach estimates/receipts)

PLEASE REMEMBER TO SIGN CLAIM FORM

City Clerk's Office  
City of Hermosa Beach  
1615 Valley Drive  
Hermosa Beach, CA 90254

November 15, 2018

**RE: CLAIM REPORT**

Dear Sir/Madam:

On June 26<sup>th</sup>, 2018, in the early afternoon, the Redondo Beach Police Dept commenced a stolen vehicle chase. The chase abruptly ended, at approximately 3.30pm, when the fugitive driver took a wrong turn and ended up in our dead-end driveway, at 736 Gould Avenue, Hermosa Beach.

He exited the vehicle and, attempting to escape, climbed over our wooden fence. He was immediately apprehended but he'd badly damaged a section of the fence. The incident was viewed by several my fellow condo owners.

The Redondo Beach Police Department's Case Number is **DR#18-3590**.

Enclosed please find your Claim Form; an aerial photo; and a repair quote for our fence, the cost of which, we are requesting from the City of Hermosa Beach.

Please let me know if you need additional information.

Thank you



Brian Anstey, Secretary  
Sea View Villas HOA  
736 Gould Avenue, # 23  
Hermosa Beach, CA 90254

Damages incurred to date (exact):  
 Expenses for medical and hospital care ..... \$ \_\_\_\_\_  
 Loss of earnings ..... \$ \_\_\_\_\_  
 Special damages for ..... \$ \_\_\_\_\_  
 General damages..... FENCE \$ 2,250.00  
 Total damages incurred to date..... \$ 2,250.00

Estimated expenses for medical and hospital care  
 Future expenses for medical and hospital care ..... \$ \_\_\_\_\_  
 Future loss of earnings ..... \$ \_\_\_\_\_  
 Other prospective special damages ..... \$ \_\_\_\_\_  
 Prospective general damages \$ \_\_\_\_\_  
 Total estimate prospective damages..... \$ \_\_\_\_\_

WITNESSES to DAMAGE or INJURY: LIST ALL PERSONS and addresses of persons known to have information:

Name A. NAVAB Address 736 GOULD AVE #13 Phone 310-383-3483  
HERMOSA BEACH  
 Name P. MARONA Address 736 GOULD AVE #18 Phone 310-374-3281  
HERMOSA BEACH  
 Name G. MOELLER Address 736 GOULD AVE #16 Phone 310-628-3522  
HERMOSA BEACH

DOCTORS and HOSPITALS:

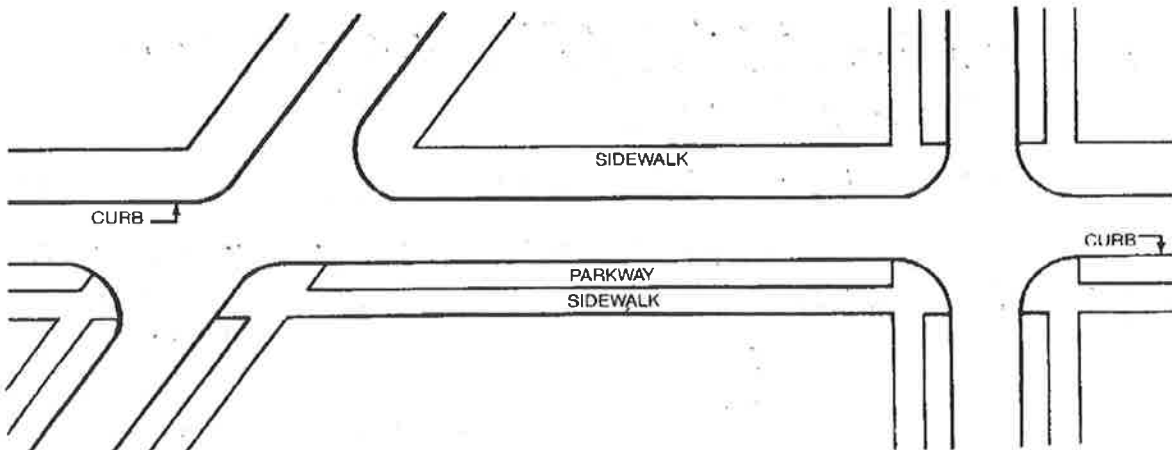
Hospital \_\_\_\_\_ Address \_\_\_\_\_ Date Hospitalized \_\_\_\_\_  
 Doctor \_\_\_\_\_ Address \_\_\_\_\_ Date of Treatment \_\_\_\_\_  
 Doctor \_\_\_\_\_ Address \_\_\_\_\_ Date of Treatment \_\_\_\_\_

READ CAREFULLY

For all accident claims place on following diagram names of streets, including North, East, South, and West; indicate place of accident by "X" and showing house number or distances to street corners. If City vehicle was involved, designate by letter "A" location of City vehicle when you first saw it, and by "B" location of yourself or your vehicle.

when you first saw City vehicle; location of City vehicle at time of accident by "A-1", and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X".

NOTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by claimant.



Signature of claimant or person filing on his behalf giving relationship to Claimant: <u>Brian Anstey</u>	Typed Name: <u>BRIAN ANSTEY</u>	Date: <u>11/16/2018</u>
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YOUR CLAIM WILL BE PLACED ON A CITY COUNCIL AGENDA FOR ACTION BY THE CITY COUNCIL. YOUR CLAIM WILL BE IN THE PUBLIC DOMAIN; CLAIM FORMS ARE PUBLIC RECORDS; CITY COUNCIL AGENDAS ARE POSTED ON THE CITY'S WEBSITE; THE MEETING AT WHICH YOUR CLAIM WILL BE CONSIDERED IS BOTH CABLECAST AND STREAMED LIVE OVER THE INTERNET; MINUTES OF THE MEETING WILL REFLECT THE ACTION TAKEN ON YOUR CLAIM AND ARE POSTED ON THE CITY'S WEBSITE.

PLEASE REMEMBER TO SIGN CLAIM FORM



Sepulveda Blvd

Pacific Coast Hwy

Artesia B

Hotel Hermosa

Spyder Surfboards

Gould Ave

Sea View Villas

Gould Ave

Gould Ave

Gould Ave

Porter Ln

Porter Ln

Damaged Fence

Chase ended

25th St

← change order 2

# ARAUJO DESIGN CONSTRUCTION GROUP

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**Owner:** Sea View Villas  
**Site Address:** 756 Gould Ave  
Hermosa Beach, CA 90254

**RE: Perimeter Fence**

**SCOPE OF WORK: Perimeter Fencing at property SOUTH SIDE**

1. Demo and Haul away existing wood fencing
2. Post shall be 4X4" Rough ci-hart redwood set into new post bases (New zinc bolts to be use at post to base connections.)
3. Horizontal rails shall be 2X4" rough con-hart redwood face notched into 4X4' posts.(3" stainless steel screws shall be used at rail to post connection.)
4. Fencing boards shall be 1"X6"X5' 10" rough cedar.(Normal size approx. ¾"X51/2"X5' 10")
5. Fencing to be attached to 2'X4" rails using 1 ½" stainless steel screws.
6. Fencing boards shall be on one side only. There shall be approx. a one (1) space between each board.
7. Fencing shall be primed with one coat of KILZ2 primer and two finish coats of DUNN EDWARDS Acraflat paint.(Color to be selected by HOA)and color is to match existing color.
8. New post supports per structural engineer detail.Detail to be submitted to city.
9. Thirty (30) Linear feet of Fence
10. Three (3) new of posts (all to have new supports per structural detail.)

**EXCLUSIONS:**

Any permit, plans, engineering or city fees, and deputy inspections are not part of this contract.  
Total Amount Due: .....\$2,250.00(Two Thousand Two Hundred fifty Dollars)

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**Owner:** Sea View Villas **Date**

9/12/2018

Date

Araujo Design Construction Group, Inc.

Carlos Araujo

Lic. #: 819440

