



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

Mary Behar

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

Social Security Number: _____

Date of Birth: _____

Home Address Of Claimant

8011 East Larkspur Dr, Scottsdale
AZ 85260

Occupation of Claimant

Homemaker

Business Address of Claimant

Home Telephone Number

(310) 665 1267

Give address and telephone number to which you desire notices or communications to be sent regarding this claim.

AS ABOVE

Business Telephone Number

(310) 663 1267

Date of Damage/Loss/Injury

5/19/18

Time
A.M. 7 P.M.

Place of Damage/Loss/Injury

578 11th St, unit C, Hermosa Beach CA 90254.

How did damage/loss/injury occur? (Be specific)

Broken skylight.

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.

Foul ball

Name of City employee(s) causing the damage/loss/injury:

Hermosa Locals and Mike's Deli Baseball Team.
Dennis - Hermosa Softball (works for city).

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

Damages incurred to date (exac,
 Expenses for medical
 and hospital care \$ _____
 Loss of earnings \$ _____
 Special damages for \$ _____
 General damages \$ _____
 Total damages incurred to date \$ 550
new skylight
and install.

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 Nicole Malm Address 518 11th St, unit C Phone 925-577-4444
Hermosa Beach
 Name Drew Malm Address 11 Phone _____
 Name _____ Address _____ Phone _____

DOCTORS and HOSPITALS:

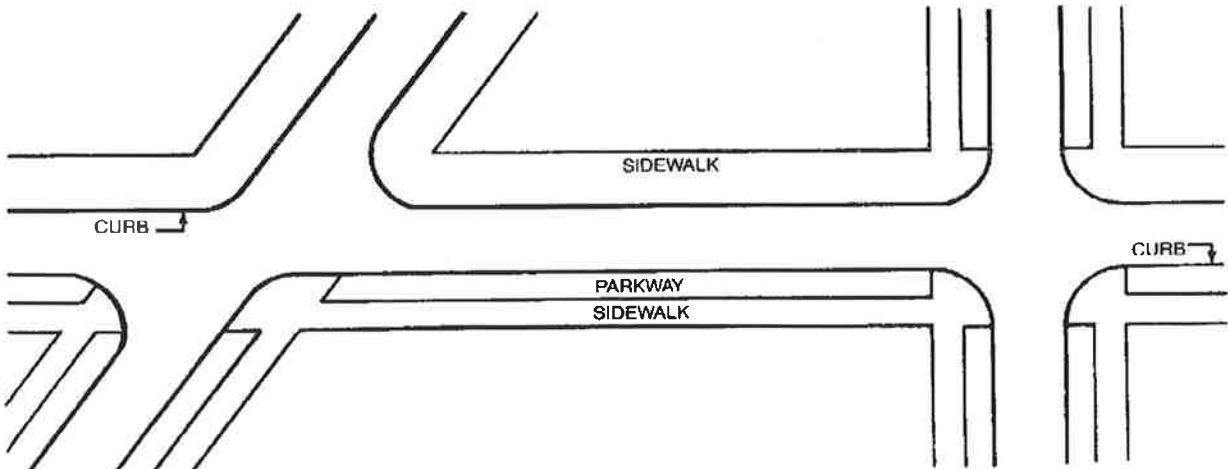
Hospital _____ Address _____ Date Hospitalized _____
 Doctor _____ Address _____ Date of Treatment _____
 Doctor _____ Address _____ Date of Treatment _____

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:

[Handwritten signature]

Typed Name:

Mary Behar

Date:

5/30/18

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.



Av Roofing, Inc.
16828 S. Broadway Street
Gardena, CA 90248
(310) 515-9423
avalonroofing@gmail.com
<http://www.avalonroofing.com>

BILL TO

Mary Behar
8011 E. Larkspur Drive
Scottsdale, AZ 85260

INVOICE 2653

DATE 05/23/2018 **TERMS** Due on receipt

P.O. NUMBER
JJ18-REPAIR

SALES REP
Jeff Jacobson

DESCRIPTION:

QTY RATE AMOUNT

Supply and install a new Lane-Aire Skylight at 518 11th Street # C
- Hermosa Beach, CA 90254

1 550.00 550.00

NOTE: We now accept VISA/MasterCard/Discover!

TOTAL DUE

\$550.00

*paid by
phone.
5/30/18.*