



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

AANCHAL GANDHI

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

Social Security Number: _____

Date of Birth: 31 JAN 1983

Home Address Of Claimant

805 20th STREET, HERMOSA BEACH, 90254

Occupation of Claimant

SELF EMPLOYED

Business Address of Claimant

"

Home Telephone Number

(213) 605 0909

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

SAME AS ABOVE

Business Telephone Number

()

Date of Damage/Loss/Injury

FRIDAY 17 2019 (THE WEEK OF AS WELL)

A.M. Time 4 (P.M.)

Place of Damage/Loss/Injury

LANDSCAPING & PROPERTY WALL OF ABOVE ADDRESS

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

BY CITY WORKERS - PLEASE SEE

INSERT WITH DETAILED INFORMATION

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.

WORKERS LACK OF

CARE TOWARDS PRIVATE PROPERTY

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

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

F/006/Personal/claim form

Damages incurred to date (exact):

Expenses for medical and hospital care..... \$ _____
 Loss of earnings..... \$ _____
 Special damages for..... \$ _____
 General damages..... \$ _____
 Total damages incurred to date..... \$ _____

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	_____	Address	_____	Phone	_____
Name	_____	Address	_____	Phone	_____
Name	_____	Address	_____	Phone	_____

DOCTORS and HOSPITALS:

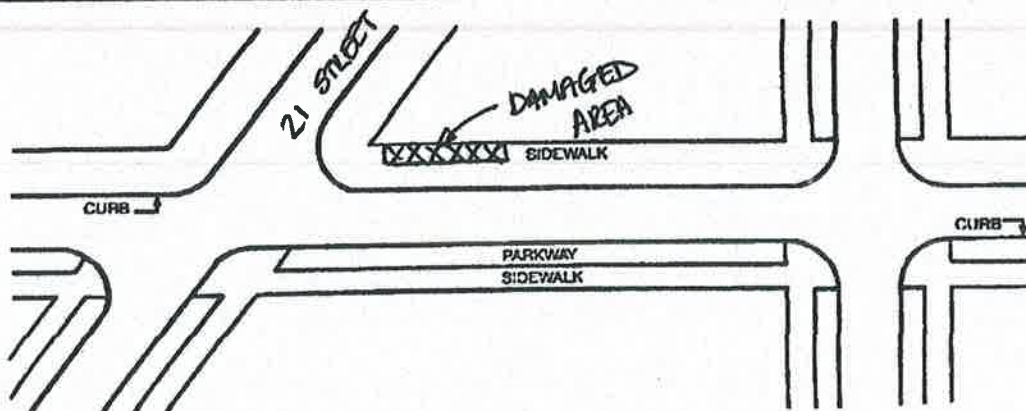
Hospital	_____	Address	_____	Date Hospitalized	_____
Doctor	_____	Address	_____	Date of Treatment	_____
Doctor	_____	Address	_____	Date of Treatment	_____

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:

Anand Gandhi

Typed Name:

ANAND
GANDHI

Date:

APRIL 30 2017

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

F/005/Personal/claim form



FM: AANCHAL GANDHI

805 20TH STREET

HERMOSA BEACH, CA 90254

APRIL 30TH 2019

To: CITY CLERKS OFFICE
CITY OF HERMOSA BEACH
1315 VALLEY DRIVE
HERMOSA BEACH, CA 90254

To Whom it May Concern,

I am writing today as during the week of April 19th our property was damaged by city workers. There are a series of work that is been done along PCH and one of those was directly in front of our property.

I stepped out of my front door on Friday April 19th around 4pm in the afternoon and noticed 2 men filling up the area they cut out with cement and saw one of them stepping on the plants, so I said to them kindly please don't ruin our plants and that we spent a lot of money on landscaping. One of the guys just got in his van and left and the other guy was like "we didn't do it" and I said to him I just saw you do it with my own eyes. He then proceeded to deny it and told me that tomorrow there will be people who will come get the cones and to tell them they should have been more careful. I told him that they should have cordoned off the sidewalk properly to prevent people stepping on our plants and that they also have ruined the wood chips near that area with white paint as well. He didn't have anything to say. Further, I informed him that they also broke our flood lights next to the plants and you can clearly see that there is still glass and broken light fixtures in front of our house. They also managed to get cement on our newly painted walls. All of these things were due to lack of care of our private property.

Below are pictures that were taken outside the property.

We would like to get reimbursed and our landscaping to be fixed along with the light fixtures as this is not acceptable and not protocol of city workers to damage personal property.

If you have any questions please do not hesitate to contact me at 213 605 0909.

Sincerely,

Aanchal Gandhi

