

Claim Form

Print

Submitted by: Ramirez Luis Ramirez Luis

Submitted On: 2024-05-28 16:34:33

Submission IP: (174.243.176.154)

proxy-IP (raw-IP)

Status: Open

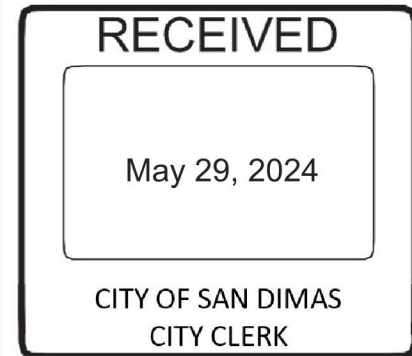
Priority: Normal

Assigned To: Debra Black

Due Date: Open

Attachments

- [image.jpg](#) - 2024-05-28 04:34:33 pm
- [image.jpg](#) - 2024-05-28 04:34:34 pm



CLAIM AGAINST THE CITY OF SAN DIMAS (For damages to Persons or Personal Property)

A claim must be filed with the City Clerk of the City of San Dimas within six (6) months after which the incident or event occurred. Be sure your claim is against the City of San Dimas, not another public entity. Where space is insufficient, please use additional paper and identify information by paragraph number. Completed claims must be mailed or delivered to the City Clerk, the City of San Dimas, 245 E. Bonita Avenue, San Dimas, CA 91773-3002

TO THE HONORABLE MAYOR & CITY COUNCIL, THE CITY OF SAN DIMAS, CALIFORNIA

The undersigned respectfully submits the following claim and information relative to damage to persona and/or personal property:

*** Name of Claimant**

Ramirez Luis

*** a. Address of Claimant**

[REDACTED]

*** b. Telephone Number**

c. Date of Birth

[REDACTED]

Format: MM/DD/YYYY

d. Social Security No

e. Driver's License

[REDACTED]

* 2. Name, telephone and post office address to which claimant desires notices to be sent If other than above:

[REDACTED]

* 3. Occurrence or event from which the claim arises:

Grand Theft

* a. Date

05/22/2024

Format: MM/DD/YYYY

* b. Time

10pm

* c. Place (exact & specific location)

[REDACTED]

* d. How and under what circumstances did damage or injury occur? Specify the particular occurrence, event, act or omission you claim caused the injury or damage (Use additional paper if necessary)

My truck tail gate was stolen along with all my work tools.

* e. What particular action by the City, or its employees, caused the alleged damage or injury?

Grand theft by someone in the city of San Dimas.

* 4. Give a description of the injury, property damage or loss, so far as is known at the time of this claim. If there were no injuries, state "no injuries".

No injuries. Tail gate of my truck was stolen along with all of my work tools. 10pm -10:45pm on 5/22/24

* 5. Give the name(s) of the City employee(s) causing the damage or injury:

N/A

* 6. Name and address of any other person injured:

N/A

* 7. Name and address of the owner of any damaged property:

N/A

8. Damages claims:

* a. Amount claimed as of this date:

4000

* b. Estimated amount of future costs:

4950

* c. Total amount claimed:

4950

d. Basis for computation of amounts claimed (attach copies of all bills, invoices, estimates, etc.)

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

9. Names and addresses of all witnesses, hospitals, doctors, etc.

a	b
<hr/>	<hr/>
c	d
<hr/>	<hr/>

10. Any additional information that might be helpful in considering this claim:

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (Penal Code §72; Insurance Code §556.1)

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE AND CORRECT.

* Date	* Claimant's signature
05/28/2024	Luis Ramirez

Format: MM/DD/YYYY

2501 TYLER AVE., EL MONTE, CA 91733
Phone: (626) 448-0903, Fax: (626) 448-8315

Payment Receipt (Complete)

Receipt Number: 5281-CP-001

RO Number: 5281

Date Received: 5/24/2024
Received By: Long Hoang

Owner Name: Ramirez, Luis

Vehicle Year: 2023

Exterior Color:

Insurance:

Vehicle Make: TOYO

VIN:

Claim Number:

Vehicle Model: Tacoma 4WD TRD Off Ro...

License Plate:

Received From: Customer - Ramirez, Luis

Payment Type: MasterCard

Total Received: \$ 950.00

Memo: 978. 3% cc fee

Total Balance Due: \$ 0.00

Payments Received: \$ 950.00

Remaining Balance: -\$ 950.00

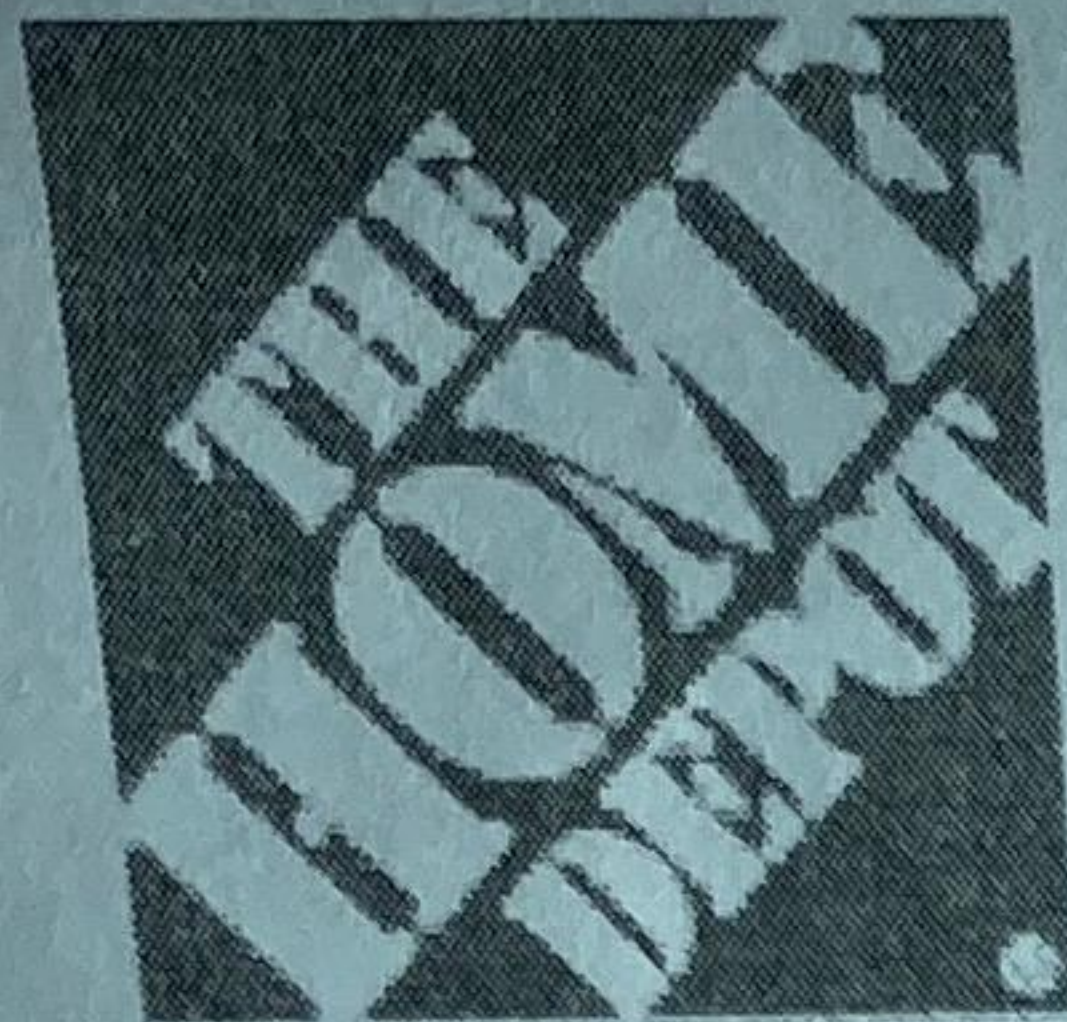
Credit Services - Receipt LookUp

Receipt

Printed on: 05/23/2024

Transaction Identifier : [6661, 11/18/2023, 13, 5554]

Receipt Image



How doers
get more done™

ISSA_KHOURY@HOMEDEPOT.COM (818)7805448
16800 ROSCOE BLVD.VAN NUYS,CA 91406

6661 00013 55544 11/18/23 06:06 PM
SALE CASHIER YARELI

092644935077 935AB4VLEVEL <A> 29.97
KT 6.25 IN. 4-VIAL CONDUIT LEVEL
092644323058 15-IN-1 MULT <A> 11.04
KT 15N1 MULTI BIT SD RATCHETING
092644851117 6PCINSSDSET <A> 39.97
KT SD SET 1000-VOLT INSLTD 6-PIECE
045242342242 10INVJAW <A> 18.97
MKE 10" V JAW PLIERS
045242614868 RASPING JAB <A> 9.97
MKE RASPING JAB SAW
092644693557 MULTI-METER, <A> 49.97
KT MLTMTR VLTSTR&OLTTSTRPRMELCTTLST
092644721007 PLIERS <A> 34.97
ANGLD DIAGONAL CUT PLIERS 2000 SERIE
092644340277 KLEIN-KURVE <A> 39.97
KT KLEIN-KURVE HD WR STRPR CT CRMPR
045242342211 LNOSEPLIER <A> 19.97
MKE 8IN LONG NOSE PLIERS
073088146823 TOILET SEAT <A> 28.97
JAMESTOWN WOOD RD STATITE SLOW WH
088381555296 IMPACT XPS I <A,S> 19.97
MAK IMPACT XPS SET 60PC
045242773435 2PK25'TAPE <A> 19.97
MKE 2PK 25' COMPACT MAG TAPE MEASURE

SUBTOTAL 323.71
SALES TAX 30.75
TOTAL \$354.46
XXXXXXXXXX2533 HOME IMPROVER 354.46
AUTH CODE 772404/0133669 TA

Account Details

Xref number	Account Number	Type	ExpDate	Signature
XXXXXXXXXXXX2533	XXXXXXXXXXXX2533	HI	11/23	Y
Settlement Release Date : 11/19/2023				

Miscellaneous Details

Sales Posting Date : 11/18/2023

6661 11/18/23 06:06 PM



6661 13 55544 11/18/2023 6380

RETURN POLICY DEFINITIONS
POLICY ID DAYS POLICY EXPIRES ON
A 1 90 02/16/2024

https://homedepot.com/RLUWebApp/