

# Claim Form

Print

**Submitted by:** Kenneth Brown Kenneth Brown

**Submitted On:** 2024-06-16 11:27:13

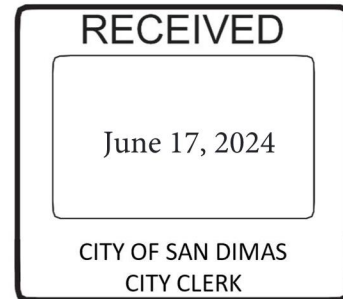
**Submission IP:** (23.241.173.184)  
proxy-IP (raw-IP)

**Status:** Open

**Priority:** Normal

**Assigned To:** Debra Black

**Due Date:** Open



## 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**

Kenneth Brown

**\* a. Address of Claimant**



**\* b. Telephone Number**



**c. Date of Birth**

Format: MM/DD/YYYY

**d. Social Security No**

**e. Driver's License**

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



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

Rocks in the road caused damages to vehicle

**\* a. Date**

**\* b. Time**

Format: MM/DD/YYYY

**\* c. Place (exact & specific location)**

Puddingstone Dr and Raging Waters Dr.

**\* 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)**

Driving westbound on Puddingstone Dr when a large rock was in the road. Unable to avoid the rock due to an oncoming vehicle and a vehicle behind me coming fast unable to stop and void the rock

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

City caused a dangerous condition and unsafe for vehicles due to rocks are constantly in the road and city is not maintaining the area to make it safe for vehicles.

**\* 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".**

Damage to undercarriage of vehicle, gas tank damaged, engine cover damaged. Pending further inspection of vehicle

**\* 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:**

No Injuries

**\* 7. Name and address of the owner of any damaged property:****8. Damages claims:****\* a. Amount claimed as of this date:**

\$4,500.00

**\* b. Estimated amount of future costs:**

Pending

**\* c. Total amount claimed:**

\$4,500

**d. Basis for computation of amounts claimed (attach copies of all bills, invoices, estimates, etc.)** No file chosen No file chosen No file chosen No file chosen No file chosen No file chosen**9. Names and addresses of all witnesses, hospitals, doctors, etc.**

a

b

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

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**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**

06/19/2024

**\* Claimant's signature**

Kenneth Brown

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Format: MM/DD/YYYY