



# 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 PATRICIA PERAZZOW

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

Social Security Number: [REDACTED]

Date of Birth: 11/17/1957

Home Address of Claimant 216 16<sup>th</sup> ST HB.

Occupation of Claimant

Business Address of Claimant 216 (SAME AS ABOVE)

Home Telephone Number 310 505-3103

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

Business Telephone Number 310 505-3103

Date of Damage/Loss/Injury IT HAS BEEN HAPPENING FOR

Time  
A.M. P.M.

Place of Damage/Loss/Injury BACK & FRONT BUMPER 2 LONG YEARS

How did damage/loss/injury occur? (Be specific)  
DAB MARKS FOR PARKED CARS THEREFORE CAR'S ARE JERKING

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.  
I WANT MY CAR TO BE FIX BACK IN FRONT BECAUSE OF MARKS DONE WRONG

Name of City employee(s) causing the damage/loss/injury: OR VERY LIMITED & UNREALISTIC  
ONLY THE BACK IS ESTIMATED AT \$5000-

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

Damages incurred to date (exact): *NO EXACT DOLLARS*

Expenses for medical and hospital care .....	\$ _____	Estimated expenses for medical and hospital care	
Loss of earnings .....	\$ _____	Future expenses for medical and hospital care .....	\$ _____
Special damages for .....	\$ _____	Future loss of earnings .....	\$ _____
General damages .....	\$ _____	Other prospective special damages .....	\$ <i>N/A</i>
Total damages incurred to date .....	\$ _____	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 <i>PHOTOS N/A</i>	Address _____	Phone _____
Name _____	Address _____	Phone _____

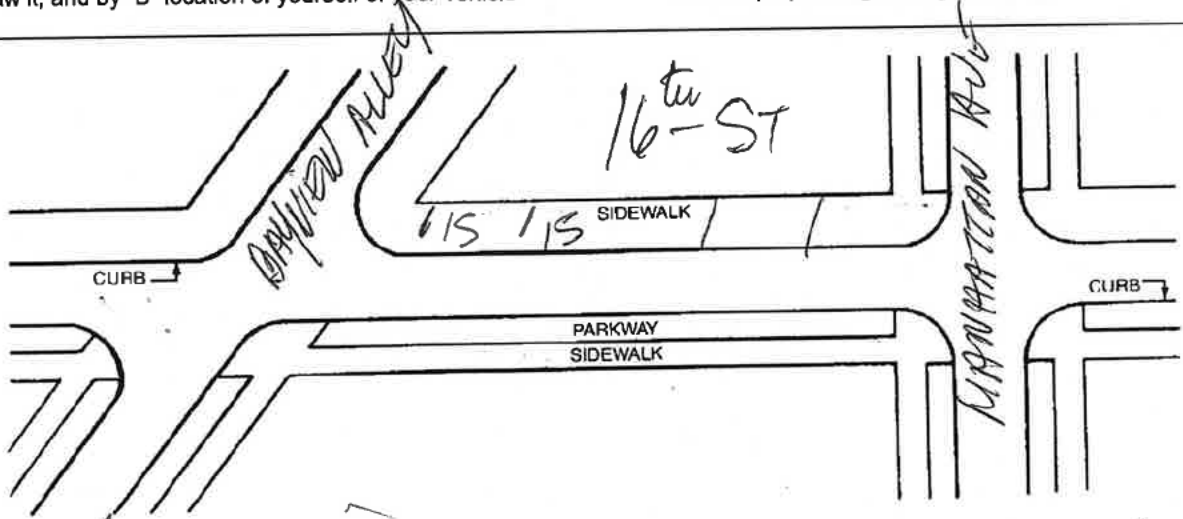
DOCTORS and HOSPITALS:

Hospital _____	Address _____	Date Hospitalized _____
Doctor <i>N/A</i>	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: <i>[Signature]</i>	Typed Name: <i>PATRICIA PETAZZO</i>	Date: <i>5/14/24</i>
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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