



staff report

TO: Honorable Mayor and Members of the City Council
ATTENTION: Jeffrey L. Stewart, City Manager
FROM: Susan Crumly, Human Resources and Risk Manager
SUBJECT: Consideration and possible action to receive and file denial of a claim submitted by Ronald Lopez.
DATE: February 8, 2016

EXECUTIVE SUMMARY

Carl Warren & Company has denied the claim for Damages filed by Ronald Lopez for damage done to his vehicle when a tree limb fell on it. The date of the incident was December 23, 2015.

RECOMMENDATION TO CITY COUNCIL

- 1) Receive and file denial of claim submitted by Ronald Lopez; or
- 2) Alternatively, discuss and take other action related to this item.

FISCAL IMPACT

None

ATTACHMENT

Denial of Claim from Ronald Lopez..... 2

CLAIM AGAINST THE CITY OF BELLFLOWER
(For Damages to Persons or Personal Property)

Rec'd 1/14/16 @
12:57pm
CB

RECEIVED

JAN 14 2016

Date Stamp

Received by Mayra Ochiagu via
United States Mail _____
Over the Counter X

Claim must be filed with the City Clerk of the City of Bellflower within one hundred eighty days (180) or six (6) months after which the incident or event occurred, unless the claim pertains to Bellflower Municipal Code Section 16-5.13(a), which must be filed within one (1) year following the date of payment of the tax proposed for refund. Be sure your claim is against the City of Bellflower, 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, City of Bellflower, 16600 Civic Center Drive, Bellflower, California 90706-5494.

HONORABLE MAYOR AND CITY COUNCIL MEMBERS, City of Bellflower, California. The undersigned respectfully submits the following claim and information relative to damage to person(s) and/or personal property:

1. NAME OF CLAIMANT RONALD S. LOPEZ
2. ADDRESS OF CLAIMANT 1118 EUBANK AVE
(Street Address or Post Office Box)
WILMINGTON CA 90744
(City, State, Zip Code)
3. TELEPHONE NUMBER (310) 702-7621
4. DATE OF BIRTH 1-21-57
5. SOCIAL SECURITY NUMBER 566-98-3653
6. DRIVER'S LICENSE NUMBER N6382861
7. IF A MINOR, PLEASE LIST PERSON PRESENTING CLAIM ON BEHALF OF MINOR AND RELATIONSHIP
N/A
8. Name, telephone number, and address to which claimant desires notices to be sent if other than above:
RONALD S. LOPEZ (310) 702-7621
1118 EUBANK AVE WILMINGTON CA 90744
9. Occurrence or event from which the claim arises:
 - a. DATE 12-23-15 b. TIME Approx 9:30 AM
 - c. PLACE (specific location): 9449 Darnell St Bellflower
Calif 98706
 - 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).
Tree limb fell on brake off and fell on automobile

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

Neglect of crew

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

no injuries

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

N/A

12. Name and address of any other person(s) injured:

none

13. Name and address of the owner of the damaged property:

RONALD S. LOPEZ 1118 EOBANK AVE WILMINGTON CA 90744

14. Damages claimed:

a. Amount claimed as of this date: \$ unknown at this time

b. Estimated amount of future costs: \$ _____

c. Total amount claimed: \$ _____

d. Basis for computation of amount claimed (attach copies of all bills, invoices, estimates, etcetera):

15. Names and addresses of all witnesses, hospitals, doctors, etcetera:

a. John Rico 9448 Darnall St Bellflower

b. Esther Esther Jones 9444 Darnall St Bellflower

c. _____

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

I was at work when incident happened, but the above people, heard & saw what happened

EXECUTED ON JAN 14 2016, AT BELLFLOWER, CALIFORNIA. I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Ron Lopez
Claimant's Signature









