

CLAIM FOR DAMAGES

TO PERSON OR PROPERTY

FOR OFFICE USE ONLY

11-57A

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11-17-11 CO

CLAIM 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 one 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. SIGN EACH SHEET.

TO: **CITY OF El Segundo**

Date of Birth of Claimant
N/A

Name of Claimant
City of Hawthorne

Occupation of Claimant
Public Entity

Home Address of Claimant
4455 W. 126th Street Hawthorne, Ca 90250

City and State

Home Telephone Number

Business Address of Claimant
Same as Above

City and State

Business Telephone Number
310 349 2966

Give address and telephone number to which you desire notices or communications to be sent regarding this claim
Dennis Hernandez 4455 W. 126th Street Hawthorne, Ca 90250

Claimant's Social Security No.

When did DAMAGE or INJURY occur?

Date May 26, 2011 Time 12:25 p.m.
If claim is for Equitable Indemnity, give date claimant served with the complaint:

Date _____

Names of any city employees involved in INJURY or DAMAGE
Rex Fowler

Where did DAMAGE or INJURY occur? Describe fully, and locate on diagram on reverse side of this sheet. Where appropriate, give street names and address and measurements from landmarks:

On May 26, 2011, Officer Andrew Garton was killed while performing traffic duties for a funeral procession in Torrance, Ca.

Describe in detail how the DAMAGE or INJURY occurred.

During the funeral procession, El Segundo Police officer Rex Fowler caused Officer Garton to lose control of his motorcycle which resulted in his death.

Why do you claim the City is responsible?

Officer Fowler caused the accident.

Describe in detail each INJURY or DAMAGE. The motorcycle was a total loss, funeral expenses, death benefits for family, and workers compensation expenses.

The amount claimed, as of the date of presentation of this claim, is computed as follows:

Damages incurred to date (exact):

Damage to property \$ **\$ 18,655.00**
 Expenses for medical and hospital care \$ _____
 Loss of earnings \$ _____
 Special damages for \$ _____
 General damages ... **TO BE DETERMINED** \$ _____
 Total damages incurred to date \$ _____

Estimated prospective damages as far as known:

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Future expenses for medical and hospital care \$ _____
 Future loss of earnings \$ _____
 Other prospective special damages **WC** \$ **TO BE DETERMINED**
 Prospective general damages \$ _____
 Total estimate prospective damages \$ _____

Total amount claimed as of date of presentation of this claim: **IN EXCESS OF \$700,000.00**

Was damage and/or injury investigated by police? _____ If so, what City? _____
 Were paramedics or ambulance called? _____ If so, name City or ambulance _____
 If injured, state date, time, name and address of doctor of your first visit _____

WITNESSES to DAMAGE or INJURY: List all persons and addresses of persons known to have information:

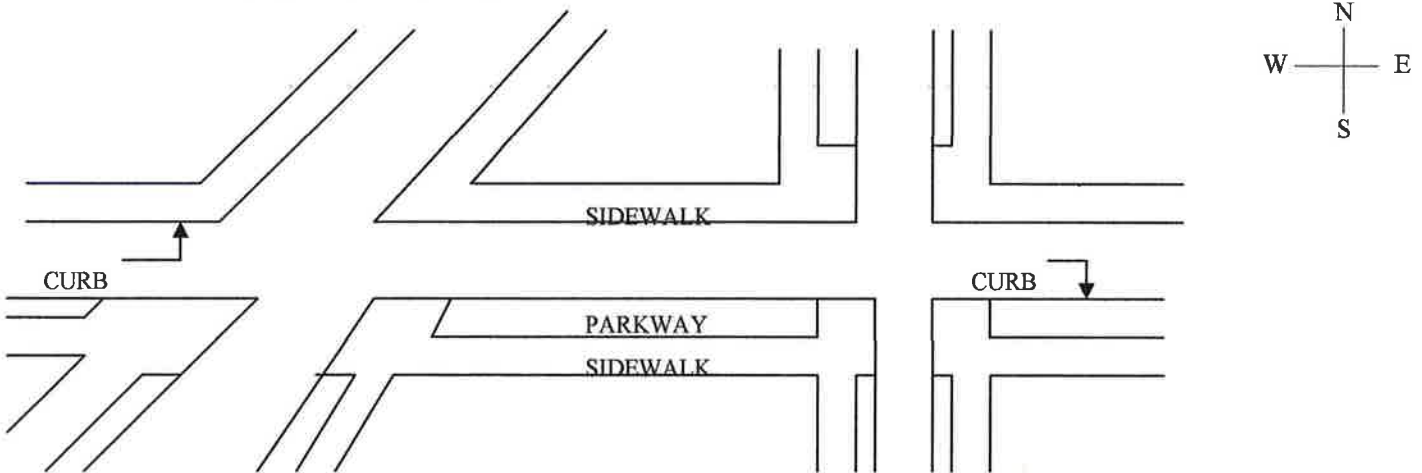
Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____

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 by showing house numbers 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>Arnold Shadbehr</i> ACTING CITY MANAGER	Typed Name: ARNOLD SHADBEHR	Date: 11-17-11
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NOTE: CLAIMS MUST BE FILED WITH CITY CLERK (Gov. Code Sec. 915a). Presentation of a false claim is a felony (Pen. Code Sec. 72.)