

City of Lake Elsinore  
**Claim for Damage or Injury**

Use Black or Blue Ink Type  
 Attach Additional Pages if Necessary

Mail Claim Form To:  
 City Clerk  
 City of Lake Elsinore  
 130 South Main Street  
 Lake Elsinore, California 92530



**CLAIMANT, NOTIFICATION AND GENERAL INFORMATION**

CLAIMANT FULL NAME <b>Nitin Jindal</b>		CLAIMANT ADDRESS (Required) <b>32989 Macy St, Lake Elsinore, CA</b>	
PERSON TO BE NOTIFIED OF ANY ACTION TAKEN ON CLAIM <b>Nitin Jindal</b>		NOTIFICATION ADDRESS (IF DIFFERENT THAN ABOVE) <b>16581 4s Ranch Pkwy, San Diego, CA 92127</b>	
CLAIMANT DATE OF BIRTH <b>09/20/74</b>	MEDICARE BENEFICIARY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PHONE NUMBER(S) <b>562 965 5333</b>	
DATE OF ACCIDENT <b>10/18/23</b>	ACCIDENT TIME AM / PM	EMAIL ADDRESS (OPTIONAL) <b>jindal-nitin@hotmail.com</b>	

PLACE OF ACCIDENT (COMPLETE ADDRESS AND DESCRIPTION TO LOCATE ON A MAP / OR VISIT THE SCENE):  
**Mr. Darnell Burnett and ~~the~~ Mr. Carlos from planning department conspired and lied to stop maintenance work, which was being done to fix damages caused by home less.**

**PROPERTY DAMAGE**  
 DESCRIBE PROPERTY DAMAGE CLAIMED, INCLUDING LOCATION, NATURE OF DAMAGE, CAUSE AND HOW VALUE IS CALCULATED:  
**Because of their actions our restoration work was stopped and they refuse to give written STOP order. We have lost \$60,000 in rent**

**PERSONAL INJURY**  
 STATE THE NATURE AND EXTENT OF CLAIMANT'S INJURY WHICH FORMS THE BASIS OF THIS CLAIM:  
**We are suffering financial damages and till now \$60,000 worth of income has been lost**

**LIABILITY**  
 INDICATE HOW THE ACCIDENT HAPPENED, WHY YOU FEEL THE CITY IS LIABLE AND NAME OF INVOLVED CITY EMPLOYEE(S):

**AMOUNT OF CLAIM**

PROPERTY DAMAGE: <b>\$60,000</b>	PERSONAL INJURY \$:	TOTAL AMOUNT OF CLAIM: <b>\$60,000</b>
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**WITNESSES**  
 NAME (S) / ADDRESS(ES):

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**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS**  
 Every person who, with intent to defraud, presents for allowance or payment any false or fraudulent claim against the City is guilty of a felony. (See California Penal Code §72)

I DECALRE UNDER THE PENALTIES OF PURJURY OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS CORRECT AND THAT THE AMOUNT OF THIS CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT DESCRIBED HEREIN.

X *Nitin Jindal* **02/04/24**  
 SIGNATURE OF CLAIMANT DATE

## NOTICE TO CLAIMANT

In order for your claim to receive proper consideration you are requested to supply the information called for on this application form. All material facts should be stated on this form, as it will be the basis of further action upon your claim. The instructions set forth should be read carefully before the form is completed.

### INSTRUCTIONS

Claims must be signed by the property owner, injured party, or the person representing the claim. Unsigned claim forms cannot be honored. See Government Code §910.2, the amount claimed must be sustained by competent evidence before a claim can be paid. Whether attached to the claim form, or submitted subsequently, evidence supporting the amount claimed may include:

- (a) In support of a claim for the personal injury or death, the claimant should submit documentation evidencing the injuries sustained, treatment rendered, the period of hospitalization, future treatment, the degrees of permanent disability, the prognosis, and evidence of medical bills received and paid. It is recommended that such medical evidence **NOT** be attached to the claim form, but that such substantiation of damages be provided upon request. The Claim Form and attachments thereto is a public record and subject to public inspection.
- (b) In support of claims for damage to property which has been or can be economically repaired, submit at least two itemized signed repair estimates or statements of damage by reliable, disinterested persons, or if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claim for lost property or property that cannot be economically repaired, submit documentation of the original cost of the property, the date of purchase, and the value of the property before and after the accident. The statements demonstrating the value of the property should be disinterested competent persons, preferably reputable dealers, persons familiar with the type of property, by two or more competitive bidders, or advertisements for the same or similar property.

The completed Claim Form must be mailed or delivered to the City Clerk at the address on the prior page. Questions or requests for further information should be directed to the City Clerk's Office at (951) 674-3124.

### INSTRUCTIONS REGARDING INSURANCE COVERAGE

In order that claims may be properly adjusted by the City or your insurance company, it is essential that the claimant provide the following information regarding any insurance coverage available for the loss or injury.

DO YOU CARRY AUTO COLLISION COVERAGE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF "YES" GIVE NAME AND ADDRESS OF INSURANCE COMPANY AND POLICY NUMBER:	
HAVE YOU FILED A CLAIM WITH YOUR INSURANCE CARRIER IN THIS INSTANCE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF "YES" WHAT IS YOUR DEDUCTABLE?	INSURANCE COMPANY CLAIM NO. ?
IF A CLAIM HAS BEEN FILED, WHAT ACTION HAS YOUR INSURER TAKEN, OR WHAT ACTION DOES IT PURPOSE TO TAKE WITH THE REFERENCE TO YOUR CLAIM?		
DO YOU CARRY PUBLIC LIABILITY AND PROPERTY DAMAGE COVERAGE?  <div style="text-align: center; font-size: 1.2em;">NO.</div>	IF "YES" GIVE NAME OF INSURANCE CARRIER:	
NAME OF CLAIMANT:  <div style="text-align: center; font-size: 1.2em;">NITIN JINDAL</div>		