



**COUNTY OF HUMBOLDT
CLAIM FOR DAMAGES**

PLEASE COMPLETE BOTH PAGES OF THIS FORM AND BE SURE IT IS DATED AND SIGNED.

This claim must be filed with the Clerk of the Board of Supervisors within six (6) months after the accident or event. Where space is insufficient, please use additional paper and identify information by paragraph number. When the claim is complete, bring or mail to: **Humboldt County Clerk of the Board, Courthouse, 825 5th Street, Room 111, Eureka, California 95501-1153.**

CLAIMANT

Name: _____
Address: Jennifer Hernandez
907 O street
Telephone: Eureka, CA 95501
SSN: 707-496-3374
DOB: _____
07/02/1973

The undersigned respectfully submits the following claim and information:

1. Mailing address to which claimant desires notices to be sent, if other than above:
6000 American Parkway, Madison, WI 53783

2. Date, time and place of occurrence or transaction which gives rise to this claim:
Date: _____
Time: 12/8/2022
Place: 7:57 pm
Intersection of F street and Sixth Street in Eureka, CA
3. Specify the particular act/omission and circumstances which you believe caused the injury and/or damage:

Oscar Perez was traveling southbound on F Street and entered intersection with 6th Street. Oscar stated he did not see Jennifer Hernandez's vehicle on 6th Street. Oscar Perez failed to yield to the right of way traffic.

4. Name(s) of employee(s) of County of Humboldt that you believe caused the injury/loss:
Oscar Enrique Perez

5. Description of property damaged:
PG&E power poll on SW corner of 6th and F St, Jennifer's 2020 Nissan Altima was deemed a total loss

6. Owner of property damaged:
Jennifer Hernandez and Nissan Infiniti

7. Description of personal injury (if no personal injury, please state "None"):
Jennifer is attorney represented by Idiart Law Group for injuries and cannot disclose details at this time

8. Name(s) of any other person(s) injured:
Oscar Hernandez, Jennifer's son, was a passenger in her vehicle.

9. Names, addresses and telephone numbers of witnesses, doctors, hospitals, etc.:
 - a) _____
 - b) _____
 - c) _____
10. Amount of reimbursement claimed, with computation. Please attach any supporting bills, receipts, or estimates of cost:
\$32,458.56, will attach estimates

11. Any additional information which may be helpful in considering this claim:
Police Report from Eureka PD 22-005444. Jennifer is attorney represented for her injuries. The attorney office is Idiart Law Group 855-772-6969.

WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code Section 72; Insurance Code Section 556).

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 and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is true and correct.

Signed this 7 day of February, 2023.

Kelsey Hiatt, claims adjuster, on behalf of Jennifer Hernandez
CLAIMANT'S SIGNATURE