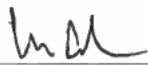
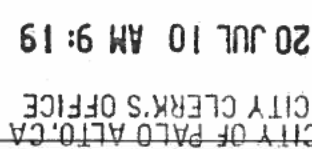


CLAIM AGAINST THE CITY OF PALO ALTO

Please Submit form to the City Clerk's Office.
(Attach additional Pages as Necessary)

1. Claimant's Name and Home Address* (Please Print Clearly) Joel Domingo Alejo 1847 Elsie Ave Mountain View, CA 94043 City Zip Telephone (Primary)* 253-287-7902 (Email)* N/A		2. Send Official Correspondence to: (If different from Claimant) Adamson Ahdoot LLP 1150 S Robertson Blvd Los Angeles, CA 90035 City Zip Telephone (Primary) 310-888-0024 (Email) Christopher@aa-llp.com	
3. Date of Birth (optional)	4. Date of Incident* 06/25/2020	5. Time of Incident (AM or PM)* 02:30 AM	
6. Location of Incident or Accident* 1847 Elsie Ave Mountain View, CA 94043		7. Claimant Vehicle License Plate #, Type and Year (if applicable)* N/A	
8. Basis of Claim. State in detail all facts and circumstances of the incident. Identify all persons, entities, property and City departments involved. State why you believe the City is responsible for the alleged injury, property damage or loss.* Mr. Alejo was sleeping in the backyard of his home located at 1847 Elsie Ave Mountain View, CA 94043. He is awakened by a Palo Alto Police Department canine that was pulling and mauling on his right leg. Palo Alto Police Officers mistook his identity.			
Name and Department of city employee who allegedly caused injury or loss (if known) Palo Alto Police Department			
Type of City Vehicle		Vehicle License Number	
9. Description of Claimant's injury, property damage or loss* Lacerations to the right leg. Numbness and loss of sensation to the to the right leg. Emotional Distress.		10. Amount of Claimant's property damage or loss and method of computation. Attach supporting documentation.* ITEMS Medical Treatment \$ TBD _____ \$ _____ _____ \$ _____ _____ \$ _____ TOTAL AMOUNT \$ _____ Court Jurisdiction: (Check one) Limited Civil <input type="checkbox"/> Unlimited Civil <input checked="" type="checkbox"/>	
11. Witnesses Name (if any)	Address	Telephone	
1. _____	_____	_____	
2. _____	_____	_____	
12.  Signature of Claimant or Representative* 07/01/2020 _____ Date* _____ Christopher Adamson Attorney Print Name* Relationship to Claimant*		Do Not Write In This Space (Clerk Stamp) <div style="text-align: center;">  </div>	

This claim form, and all attached documents are a public record and shall be provided upon request in conformance with the Public Records Act. Government Code Sec. 6250 et seq.

Criminal penalty for presenting a false or fraudulent claim is imprisonment or fine or both (Penal Code §72).

