



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: Jennifer Delray Solorzano Hernandez
Address: c/o Idiert Law Group
P.O. Box 3700, Central Point, OR 97502
Telephone: 855-772-6969
SSN:
DOB:

The undersigned respectfully submits the following claim and information:

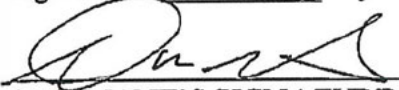
1. Mailing address to which claimant desires notices to be sent, if other than above:
Idiert Law Group, P.O. Box 3700, Central Point, OR 97502
2. Date, time and place of occurrence or transaction which gives rise to this claim:
Date: 12/8/2022
Time: 1059
Place: Sixth St. & F St., Eureka, California
3. Specify the particular act/omission and circumstances which you believe caused the injury and/or damage:
Violation of VC 21802(a)
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:
2020 Nissan Altima
6. Owner of property damaged:
same as driver
7. Description of personal injury (if no personal injury, please state "None"):
head, neck, back, lower extremities
8. Name(s) of any other person(s) injured:
None
9. Names, addresses and telephone numbers of witnesses, doctors, hospitals, etc.:
a) to be determined
b) _____
c) _____
10. Amount of reimbursement claimed, with computation. Please attach any supporting bills, receipts, or estimates of cost:
To be determined.
11. Any additional information which may be helpful in considering this claim:
To be determined

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 8th day of February, 2023.


ATTORNEY FOR CLAIMANT
CLAIMANT'S SIGNATURE