



CLAIM AGAINST THE CITY OF SAN DIEGO
(FOR DAMAGES TO PERSONS OR PERSONAL PROPERTY)

Present claim by personal delivery or mail to the City of San Diego, Risk Management Dept., 1200 Third Ave., Suite 1000, San Diego, CA 92101.

Received via:

- U.S. Mail
- Inter-Office Mail
- Over-the-Counter

TIME STAMP

FILE No. _____

TO THE HONORABLE MAYOR AND CITY COUNCIL, the City of San Diego, California

I, Raymond Lutz, hereby make a claim against the City of San Diego and make the following statements in support of the claim:

1. CLAIMANT INFORMATION

- a. Claimant's Name: Raymond Lutz
- b. Post Office Address of Claimant: 1010 Old Chase Ave.
El Cajon, CA 92020
(CITY) (STATE) (ZIP)
- c. Claimant's Home Phone No.: 619-820-5321 cell
- d. Claimant's Business Phone No.: 619-447-3246
- e. Post Office address to which the person presenting the claim desires notices to be sent, if different than above: _____
- f. Social Security No.: [REDACTED]
- g. Date of Birth: 08-23-1957
- h. Driver's License No.: [REDACTED]

2. CIRCUMSTANCES GIVING RISE TO THE CLAIM

- a. Date of the occurrence or transaction which gave rise to the claim: 11/29/2011
- b. Time of the occurrence or transaction which gave rise to the claim: 1:30 pm
- c. Place of occurrence or transaction (please be specific): Civic Center Plaza
1200 3rd Ave, San Diego, CA 92101

d. Other circumstances of the occurrence or transaction giving rise to the claim: _____
Registering voters in the town square.

3. DESCRIPTION OF CLAIM

a. General description of the indebtedness, obligation, injury, damage or loss incurred:
Civil Rights violation -- False Arrest -- False Imprisonment -- Unlawful Arrest

b. The name or names of the public employee or employees causing the claimant's injury, damage, or loss, if known, are: Jane and John Does

c. Damages [please choose one]:
 The amount claimed is less than \$10,000.
The amount of the claim as of the date of this claim is \$ _____. This figure is based on the following: _____

The amount claimed is more than \$10,000.
Please state if the claim would be a limited civil case¹. _____

d. Please provide any additional information that might be helpful in considering your claim, including names of witnesses, treating physicians, and hospitals: _____
See attached statement.

e. Please attach and/or provide any additional information that may be helpful in considering your claim including proof of damages such as invoices, receipts, and estimates.

WARNING: It is a criminal offense to file a false claim (Cal. Penal Code § 72).

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.

Dated: 2012-01-27

Signature of Claimant or Person Acting On Behalf of Claimant

¹ Limited civil cases are discussed in California Code of Civil Procedure § 85.