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**CLAIM FOR DAMAGES**  
[Gov't Code Title 1, Div 3.6, §§810 et seq; L.M.C. 1-30]

**IMPORTANT NOTICE**

- > Pursuant to Gov't Code section 911.2, a claim for death, injury to person or to personal property must be filed with the City of Inglewood within six (6) months of occurrence.
- > Pursuant to Gov't Code section 911.2, a claim for damage to real property must be filed within one (1) year of occurrence.
- > When completing form, type or print legibly.
- > Failure to sign this form and fully complete this form may result in rejection of the Claim.
- > If there is insufficient space to provide complete information, attach additional sheets and identifying the additional information by paragraph number, and signing each sheet.
- > Claims must be filed with the City of Inglewood, City Clerk, 1 Manchester Blvd., P.O. Box 6500, Inglewood, CA 90312 (Gov't Code section 915).

**1. CLAIMANT**

- (A) NAME: Delbra Richardson
- (B) ADDRESS: 510 South La Brea Avenue  
Inglewood, CA 90301
- (C) TELEPHONE NO.: (day) 310-645-3729 (eve) \_\_\_\_\_
- (D) DATE OF BIRTH: \_\_\_\_\_

**2. Mailing address you desire notices or communications to be sent regarding this Claim if different from section #1 above.**

- (A) NAME: \_\_\_\_\_
- (B) ADDRESS: \_\_\_\_\_

**3. DESCRIPTION OF INJURY, DAMAGE OR LOSS**

Detail full extent of injuries or damages claimed

The City of Inglewood has failed to comply with Ordinance 03-02. Per this Ordinance, the City must pay 100% of the medical premiums for Curren Price and his spouse as Medical Benefits for retired Council Members. I am Curren Price's spouse but have not been covered by the City to date.

**4. AMOUNT OF CLAIM**

Indicate the amount of damages claimed and any expenditure made relating to claimed loss. Provide documents to support the amount claimed and the expenditures (copies of bills, receipts or estimates).

\$22,009.08 (medical premiums paid out-of-pocket from 2015-2017)

Has an insurance company paid any such bills: No

If so, detail name of insurer and amount(s) paid:

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5. CIRCUMSTANCE OF THE OCCURRENCE WHICH GIVE RISE TO THIS CLAIM

(A) DATE DAMAGE, INJURY OR TRANSACTION OCCURRED: 2006-2018 TIME: \_\_\_\_\_

(B) SPECIFIC LOCATION: N/A \_\_\_\_\_

(C) SPECIFICALLY DESCRIBE HOW THE INJURY OR DAMAGE OCCURRED:

Per Ordinance 03-02, the City offered Curren Price lifetime medical benefits as a retired Councilman. The City neglected to cover my premiums as well, even though the Ordinance expressly includes both the Councilman and spouse. The City later promised it would reimburse me for the past 3 years, which included 2015-2017. The City is now refusing to reimburse me, claiming it would be a "gift of public funds"

(D) IDENTIFY THE ENTITY, PUBLIC EMPLOYER OR EMPLOYEES WHOSE ACTS, OMISSIONS OR BREACH CLAIMED TO HAVE CAUSED THE INJURY OR DAMAGE:

City of Inglewood, City of Inglewood Human Resources

Department \_\_\_\_\_

(E) IF A CITY VEHICLE WAS INVOLVED, GIVE MAKE, MODEL AND LICENSE PLATE NUMBER OF VEHICLE \_\_\_\_\_

PUBLIC EMPLOYEE(S): \_\_\_\_\_

VEHICLE MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

LICENSE: \_\_\_\_\_

WITNESSES: (NAMES AND ADDRESSES OF ALL KNOWN WITNESSES, DOCTORS AND/OR HOSPITALS)

Curren Price (510 South La Brea Avenue, Inglewood, CA 90301), Kunya Nix (2245 E Colorado Blvd, Suite 104, Pasadena, CA 91107), Sylvia Fernandez (City of Inglewood Human Resources Department)

6. IF THIS CLAIM IS BASED ON AN ALLEGED BREACH OF CONTRACT:

Please attach a copy of the contract and:

(A) IDENTIFY THE PARTIES TO THE CONTRACT: \_\_\_\_\_

(B) DATE OF CONTRACT: \_\_\_\_\_

(C) DATE OF ALLEGED BREACH OF CONTRACT: \_\_\_\_\_

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code Section 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 DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

(Signature of Claimant)

1/29/2019

(Date)