CLAIM FOR DAMAGES

TO PERSON OR PROPERTY

WARNING

1. CLAIMS FOR DEATH, INJURY TO PERSON OR TO PERSONAL PROPERTY MUST BE FILED NOT LATER THAN 6 MONTHS AFTER THE OCCURENCE. (GOVERNMENT CODE SECTION 911.2)
2. ALL OTHER CLAIMS FOR DAMAGES MUST BE FILED NOT LATER THAN ONE YEAR AFTER THE OCCURENCE. (GOVERNMENT CODE SECTION 911.2)
3. SUBJECT TO CERTAIN EXCEPTIONS, YOU HAVE ONLY SIX (6) MONTHS FROM THE DATE OF THE WRITTEN NOTICE OF REJECTION OF YOUR CLAIM TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)
4. IF WRITTEN NOTICE OF REJECTION OF YOUR CLAIM IS NOT GIVEN, YOU HAVE TWO (2) YEARS FROM ACCRUAL OF THE CAUSE OF ACTION TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)

TO: CITY OF LOS ANGELES

Claim Number: C25-15746 Filed Date: 06/09/2025

Name of Claimant: Omar Pacheco

Age of Claimant: 30

Date of Birth: [redacted]

Sex: Male

Home Address of Claimant: [redacted]

Home Telephone Number:

Email Address: [redacted]

Business Address of Claimant:

Business Telephone Number:

Give address to which you desire notices or communications to be sent regarding this claim:

How did DAMAGE or INJURY occur? Please include as much detail as possible.

I got stuck in traffic between protesters and police on horses. I could not move forward as there was protesters infront of my car and police used excessive force and broke my back window with a stick. There was protesters blocking me and other cars beside me.

When did DAMAGE or INJURY occur? Please include the date and time ofthe damage or injury.

06/08/2025

Where did DAMAGE or INJURY occur? Please describe fully, and locate on the diagram on the reverse side of this sheet.Where appropriate, please give street names and addresses or measurements from specific landmarks:

E temple St. and N Los Angeles St. , LOS ANGELES, CA, 90012

What particular ACT or OMISSION do you claim caused the injury or damage? Please give names of City employees causing the injury or damage and identity of any vehicles involved by license plate number, if known.

Excessive and unnecessary force. I was stuck between protesters. I could not move and police did not even allow me to try and move over.

Attorney Information:

Please list names and addresses of Witnesses, Doctors and Hospitals:

What DAMAGE or INJURIES do you claim resulted? Please give full extent of injuries or damages claimed:

Back window broken

What is the AMOUNT of your claim? Please itemize your damages:

$1,000.00

Please itemize your damages:

Back car window

If you have received any insurance payments, please give the names of the insurance companies:



Digital Signature