

**\*\*AMENDED CLAIM FORM\*\*****City of San Carlos  
City Claim Form for all  
Persons or Property**

**MAIL TO:** CITY OF SAN CARLOS  
ATTN: Crystal Mui, City Clerk  
600 Elm Street  
San Carlos, CA 94070-1309

CITY OF SAN CARLOS  
CITY CLERK'S DEPARTMENT

1. CLAIMS FOR DEATH, INJURY TO PERSON, OR TO PERSONAL PROPERTY MUST BE FILED NOT LATER THAN SIX (6) MONTHS AFTER THE OCCURRENCE (GOV'T. CODE, SEC. 911.2).
2. CLAIMS FOR DAMAGES TO REAL PROPERTY MUST BE FILED NOT LATER THAN ONE YEAR AFTER THE OCCURRENCE (GOV'T. CODE SEC. 911.2).
3. ATTACH SEPARATE SHEETS, IF NECESSARY TO GIVE FULL DETAILS.

NAME OF CLAIMANT: Eric Shapiro

CLAIMANT'S ADDRESS: [REDACTED]  
Street Apt. No City State Zip

EMAIL: aarango@dlawgroup.com

HOME PHONE: [REDACTED] CELL PHONE: [REDACTED] WORK PHONE: [REDACTED]

ADDRESS WHERE NOTICES SHOULD BE SENT IF DIFFERENT FROM ABOVE:

DORDULIAN LAW GROUP 550 N. Brand Blvd Glendale CA 91203  
Name Street Apt. No City State Zip

EMAIL IF DIFFERENT FROM ABOVE: aarango@dlawgroup.com

AMOUNT OF CLAIM \$ 70,000.00 (ATTACH COPIES OF BILLS/ESTIMATES)

IF AMOUNT CLAIMED IS MORE THAN \$10,000, INDICATE WHERE JURISDICTION RESTS:

LIMITED CIVIL CASE \_\_\_\_\_ UNLIMITED CIVIL CASE 70,000.00

DATE OF INCIDENT: 04/01/2024 TIME: 8:45 PM

LOCATION OF INCIDENT: 244 El Camino Real Rd. San Carlos, CA

DESCRIBE THE INCIDENT OR ACCIDENT INCLUDING YOUR REASON FOR BELIEVING THAT THE CITY IS LIABLE  
FOR YOUR DAMAGES

Claimant was walking on the sidewalk when he stepped onto a manhole cover and fell through the manhole, sustaining severe injuries. The City of San Carlos negligently owned, controlled, supervised, managed, designed, constructed, maintained, operated, repaired, and inspected said premises, so as to cause, and/or allow a dangerous condition to exist on the property which caused Claimant to suffer severe injuries.

DESCRIBE ALL DAMAGES WHICH YOU BELIEVE YOU HAVE INCURRED AS A RESULT OF THE INCIDENT GENERAL DAMAGES AND EMOTIONAL DISTRESS.

Claimant's injuries include, without limitation, contusion all over his body, hematomas and swelling of the right leg, injuries to his left leg, neck, back, and head. Medical Expenses, General Damages, Loss of Earning and Loss of Earning Capacity.

NAME(S) OF PUBLIC EMPLOYEE(S) CAUSING THE DAMAGES YOU ARE CLAIMING:

WERE POLICE AT SCENE? YES \_\_\_\_\_ NO ☒

DATED: June 5, 2024 SIGNED: [REDACTED]

ANY PERSON WHO, WITH INTENT TO DEFRAUD, PRESENTS ANY FALSE OR FRAUDULENT CLAIM MAY BE PUNISHED BY IMPRISONMENT OR FINE OR BOTH.



**Some photos have been  
removed for privacy  
reasons.**









Google Maps 244 El Camino Real



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