



Public Agency's Name & Address <div style="text-align: center;">CLAIM FOR DAMAGES TO PERSON OR PROPERTY</div>	RESERVE FOR FILING STAMP CLAIM NO _____
INSTRUCTIONS	
<ol style="list-style-type: none"> 1. Claims for death, injury to person or to personal property must be filed not later than six months after the occurrence. (Gov. Code Sec. 911.2.) 2. Claims for damages to real property must be filed not later than 1 year after the occurrence. (Gov. Code Sec. 911.2.) 3. Read entire claim form before filing. 4. See page 2 for space to diagram place of accident. 5. This claim form must be signed on page 2 at bottom. <p style="text-align: center;">Attach separate sheets, if necessary, to give full details. <u>SIGNEACH SHEET.</u></p>	
TO: [Public Agency]	Date of Birth of Claimant
Name of Claimant	Occupation of Claimant
Home Address of Claimant	City and State
Business Address of Claimant	City and State
Home Telephone Number	Business Telephone Number
Give address and telephone number to which you desire notices or communications to be sent regarding this claim:	Claimant's Social Security No.
When did DAMAGE or INJURY occur? Date _____ Time _____ If claim is for Equitable Indemnity, give date claimant served with the complaint: Date _____	Names of any agency employees involved in INJURY or DAMAGE
Where did DAMAGE or INJURY occur? Describe fully, and locate on diagram on reverse side of this sheet. Where appropriate, give street names and address and measurements from landmarks:	
Describe in detail how the DAMAGE or INJURY occurred.	
Why do you claim the agency is responsible?	
Describe in detail each INJURY or DAMAGE	
See Page 2	THIS CLAIM MUST BE SIGNED ON REVERSE SIDE

The amount claimed, as of the date of presentation of this claim, is computed as follows:

Damages incurred to date (exact):		Estimated prospective damages as far as known:	
Damage to Property.....	\$ _____	Future expenses for medical and hospital care	\$ _____
Expenses for medical and hospital care	\$ _____	Future loss of earnings	\$ _____
Loss of earnings	\$ _____	Other prospective special damages	\$ _____
Special damages for	\$ _____	Prospective general damages	\$ _____
		Total estimate prospective damages	\$ _____
General damages	\$ _____		
Total damages incurred to date	\$ _____		
Total amount claimed as of date of presentation of this claim:		\$	

Was damage and/or injury investigated by police? _____ If so, what city? _____
 Were paramedics or ambulance called? _____ If so, name city or ambulance _____
 If injured, state date, time, name and address of doctor of your first visit _____

WITNESSES to DAMAGE or INJURY: List all persons and addresses of persons known to have information:
 Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____

DOCTORS and HOSPITALS:
 Hospital _____ Address _____ Date Hospitalized _____
 Doctor _____ Address _____ Date of Treatment _____
 Doctor _____ Address _____ Date of Treatment _____

READ CAREFULLY

For all accident claims complete a diagram in the space provided below, (including North, East, South, and West). Indicate place of accident by "X" and by showing house numbers or distances to street corners. If Agency Vehicle was involved, designate by letter "A" location of Agency Vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw Agency vehicle; location of vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X."

Signature of Claimant or person filing on his behalf giving relationship to claimant:	Typed Name:	Date:
---	-------------	-------

NOTE: CLAIMS MUST BE FILED WITH PUBLIC AGENCY Presentation of a false claim is a felony (Pen.Code Sec. 72)