

Claim for Damages To Person or Property



FILE WITH:
City of Sierra Madre
 232 W. Sierra Madre Blvd.
 Sierra Madre, CA 91024
 (626) 355-7135 Fax (626) 355-2251
 www.cityofsierramadre.com

| INSTRUCTIONS | RESERVE FOR FILING STAMP |
|---|--------------------------|
| <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 § 911.2.) 2. Claims for damages to real property must be filed not later than 1 year after the occurrence. (Gov. Code § 911.2.) 3. Read entire claim form before filing. 4. See page 2 for diagram upon which to locate place of accident. 5. This claim form must be signed on page 2 at bottom. 6. Attach separate sheets, if necessary, to give full details. SIGN EACH SHEET. | Claim No. |

| | | |
|---|----------------|--------------------------------|
| To [Name of AGENCY] | | Date of Birth of Claimant |
| Name of Claimant | | Occupation of Claimant |
| Home Address of Claimant | City and State | Home Telephone of Claimant |
| Business Address of Claimant | City and State | Business Telephone of Claimant |
| Give address and telephone number to which you desire notices or communications to be sent regarding claim: | | Claimant's Social Security No. |

| | |
|---|---|
| When did DAMAGE or INJURY occur? Date: _____ Time: _____ | Names of any city employees involved in INJURY or DAMAGE: |
| If Claim is for Equitable Indemnity, give date claimant served with the complaint: Date: _____ | |

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 city is responsible?

Describe in detail each INJURY or DAMAGE:

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 | \$ | Other prospective special damages | \$ |
| | | Prospective general damages | \$ |
| General damages | \$ | Total estimated prospective 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what city? |
| Were paramedics or ambulance called? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, name city or ambulance. |
| If injured, state date, time, name and address of doctor of your initial 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 | Phone |
| Doctor | Address | Phone |
| Doctor | Address | Phone |

| READ CAREFULLY | |
|---|--|
| For all accident claims place on following diagram name of streets, including North, East, South, and West; indicate place of accident by "X" and by showing house numbers or distances to street corners. If City Vehicle was involved, designate by letter "A" location of City Vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City Vehicle; location of City 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." | |
| NOTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by claimant. | |
| | |

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

NOTE: CLAIMS MUST BE FILED WITH CITY CLERK/SEC. (Gov. Code § 915a.) Presentation of a false claim is a felony. (Pen. Code § 72.)