



**CLAIM FORM**  
(Please Type Or Print)

CLAIM AGAINST \_\_\_\_\_  
(Name of Entity)

Claimant's Name \_\_\_\_\_ S.S. #: \_\_\_\_\_

Claimant's Date of Birth \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_

Claimant's Address \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Address where Notices about Claim are to be sent, if different from above:

\_\_\_\_\_

Date of Incident/Accident/Arrest: \_\_\_\_\_

Date Injuries, Damages or Losses were discovered: \_\_\_\_\_

Location of Incident/Accident/Arrest: \_\_\_\_\_

What did Entity or Employee do to cause this Loss, Damage or Injury?

\_\_\_\_\_  
\_\_\_\_\_

(Use Back of this Form or Separate Sheet if necessary to answer this Question in Detail.)

What are the Names of the Entity's Employees who caused this Injury, Damage or Loss (if known)?

\_\_\_\_\_  
\_\_\_\_\_

What specific Injuries, Damages or Losses did Claimant receive? \_\_\_\_\_

\_\_\_\_\_

(Use back of this form or separate sheet if necessary to answer this question in detail.)

What amount of money is claimant seeking, or if amount is in excess of \$10,000, which is the appropriate court of jurisdiction. Note: If Superior and Municipal Courts are consolidated, you must represent whether it is a "limited civil case" [see Government Code 910(f)]

\_\_\_\_\_  
\_\_\_\_\_

(Use back of this form or separate sheet if necessary to answer this question in detail.)

How was this amount calculated (please itemize)? \_\_\_\_\_

\_\_\_\_\_

(Use back of this form or separate sheet if necessary to answer this question in detail.)

Date Signed: \_\_\_\_\_ Signature: \_\_\_\_\_

If signed by Representative:

Representative's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Relationship to Claimant \_\_\_\_\_

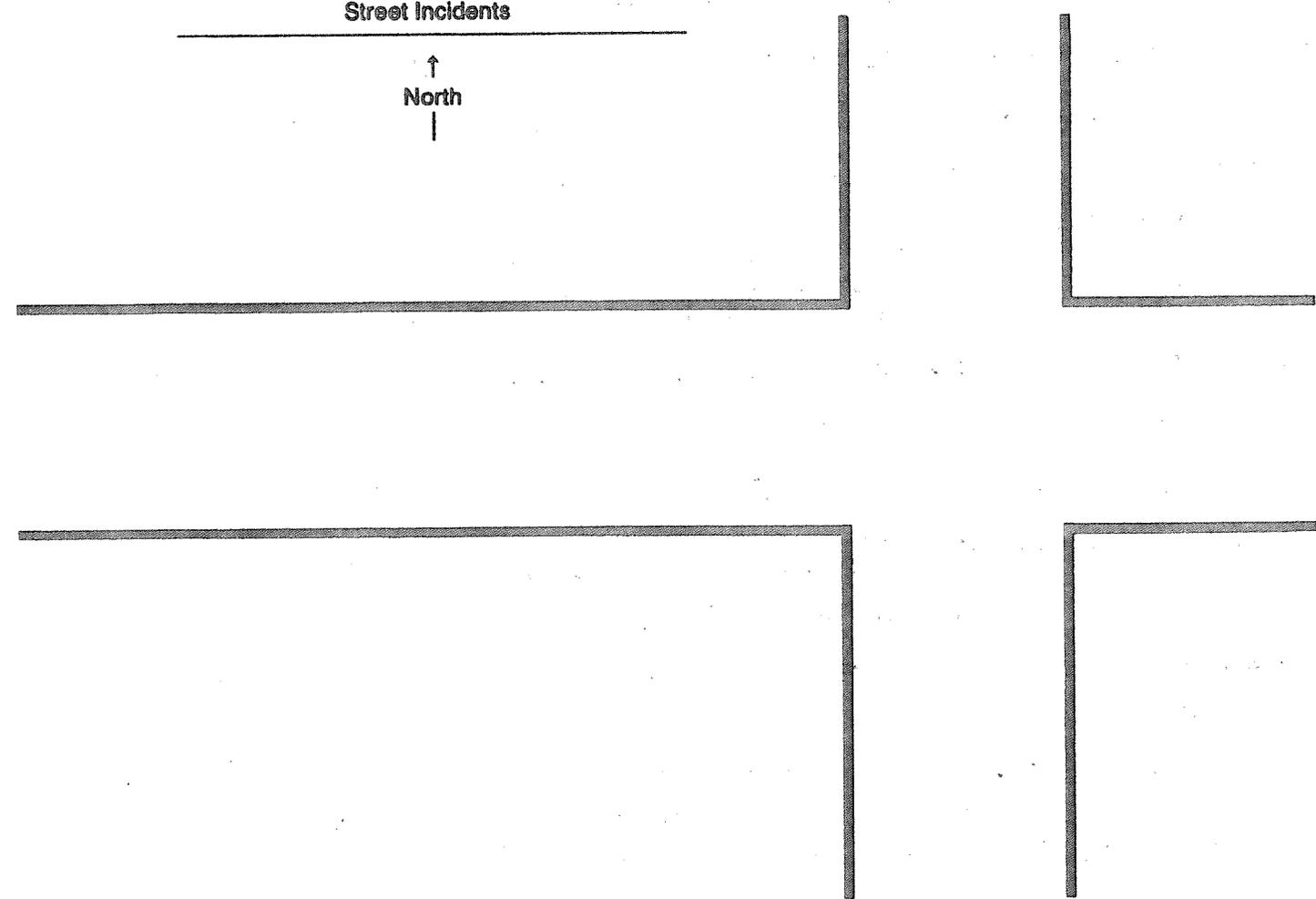
# DIAGRAMS

General Diagram

↑  
North  
|

Street Incidents

↑  
North  
|



## **PLEASE READ — IMPORTANT!**

**Your claim must be filed within 6 months of the incident (Government code 911.2)**

**Your claim will be forwarded to the City's Risk Manager for investigation. Following that, your claim will be either settled or denied. You will be notified by mail.**

**If your claim is denied, you will have 6 months from date of denial to initiate an action against the city (Government code 945.6) Our hope is that you will be treated fairly. If you have any questions please call.**