

CLAIM FOR:

- ☐ Personal Injury
☐ Property Damage
☐ Other (specify) _____

CITY OF EL MONTE

CLAIM FOR DAMAGES

INSTRUCTIONS

1. Read entire claim form before filing.
2. Claims must be filed with City Clerk (Gov. Code Sec. 915(a)).
3. The reverse side of this form and each attached sheet must be signed.
4. Complete diagram on the reverse side of this form to show place of accident.
5. A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented as provided in Gov. Code Sec. 915 et. seq. not later than six (6) months after the accrual of the cause of action. (Gov. Code Sec. 911.2)
6. A claim relating to any other cause of action (not specified in number 5, above) must be filed not later than one (1) year after the accrual of the cause of action. (Gov. Code Sec. 911.2)

Name of Claimant

Home Address of Claimant

City/State/Zip

Business Address of Claimant

City/State/Zip

CLAIM NO. _____**THIS SPACE FOR CITY USE ONLY**

Age of Claimant (if natural person)

Home Telephone Number

Business Telephone Number

Give address & telephone number of attorney or other person whom you desire notices or communications to be sent regarding this claim:

How did DAMAGE or INJURY occur? Give full particulars:

When did DAMAGE or INJURY occur? Give full particulars, date, time of day:

Were Police notified? ☐ Yes ☐ No If yes, give Police Dept. report number (if known):

Where did DAMAGE or INJURY occur? Describe fully, and locate on diagram on reverse side of this sheet, where appropriate, give street name and address and measurements from landmarks:

What particular ACT or OMISSION do you claim caused the injury or damage? Give names of City employees causing the injury or damage, and indicate which City department is involved, if known:

- ☐ Public Service
☐ Public Works
☐ Parks & Recreation
☐ Other (specify) _____

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

What AMOUNT do you claim on account of each item of injury or damage as of date of presentation of this claim, giving basis of computation:

Do you claim damages for future expenses or injuries not listed above? If so, estimated amount and basis of computation: If no specific amount stated, indicate if within Municipal or Superior Court jurisdiction.

COMPLETE AND SIGN REVERSE SIDE

Insurance payments received, if any, and names of Insurance Company:

Expenditures made on account of accident or injury: (Date — Item)

(Amount)

Name and address of Witnesses, Doctors and Hospitals:

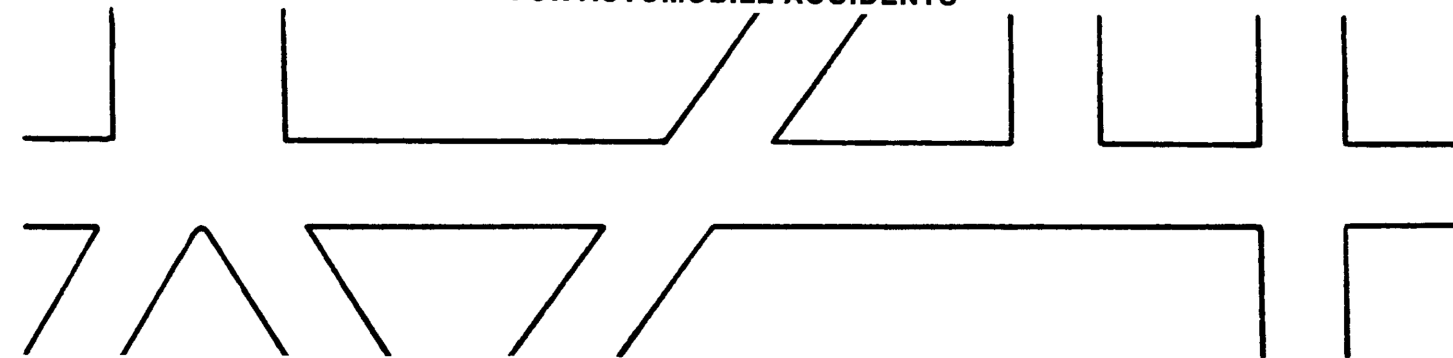
READ CAREFULLY

For all accident claims place on following diagram names of streets, including North, East, South, and West; indicate place of accident by "X" and by showing house numbers or distances to street corners.

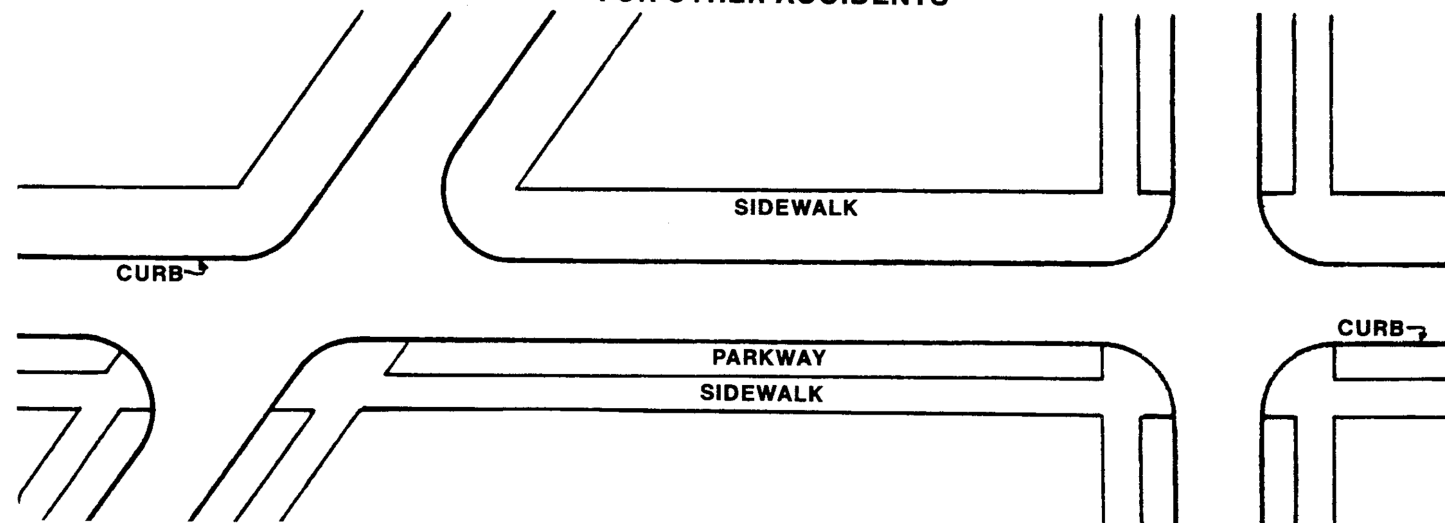
If City vehicle was involved, designate by letter "A" location of City vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City vehicle; location of City vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident 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.

FOR AUTOMOBILE ACCIDENTS



FOR OTHER ACCIDENTS



I declare, under penalty of perjury, that the foregoing, including any attachments, is true and correct.

Signature of Claimant or Person filing on his behalf giving relationship to Claimant:

Typed Name:

Date:

NOTE: ALL CLAIMANTS MAY BE REQUIRED TO BE EXAMINED AS TO THEIR CLAIM UNDER OATH. PRESENTATION OF A FALSE CLAIM IS A FELONY. (CAL. PEN. CODE SEC. 72)