**FILE WITH:**
**CITY OF GRAND TERRACE**
**CITY CLERK'S OFFICE**
**22795 Barton Road**
**Grand Terrace, CA 92313**

# CLAIM FOR DAMAGES
**TO PERSON OR PROPERTY**

RESERVE FOR FILING STAMP

**CLAIM NO.**_____

INSTRUCTIONS

1. Claims for death, injury to person or to personal property must be filed not later than six months after the occurrence. (Government Code Section 911.2)
2. Claims for damages to real property must be filed not later than one year after the occurrence. (Government Code Section 911.2)
3. Read entire Claim Form before filing.
4. This claim form must be signed on page 2 at the bottom.
5. See Page 2 for space provided to include a diagram of accident location.
6. Attach separate sheets, if necessary, to give full details. SIGN EACH SHEET.

| | |
|---|---|
| **TO:** City of Grand Terrace | Date of Birth of Claimant |
| Name of Claimant | Occupation of Claimant |
| Home Address of Claimant — City and State | Home Telephone Number |
| Business Address of Claimant — City and State | 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?<br><br>Date _____ Time _____<br><br>If claim is for Equitable Indemnity, give date claimant served with the complaint:<br><br>Date _____ | Name of any city employees involved in INJURY or DAMAGE |

Where did DAMAGE or INJURY occur? Describe fully, and provide a diagram in the section provided on page 2. Where appropriate, give street names and addresses and measurements from landmarks:

Describe in detail how the DAMAGE or INJURY occurred.

Describe in Detail each INJURY or DAMAGE

Why do you claim the City is responsible?

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

Damages incurred to date (exact):
Damage to property.....$
Expenses for medical and hospital care.....$
Loss of earnings.....$
Special damages for.....$

General damages.....$
Total damages incurred to date.....$

Estimated prospective damages as far as known:
Future expenses for medical and hospital care.....$
Future loss of earnings.....$
Other prospective special damages.....$
Prospective general damages.....$

Total estimate prospective damages.....$

Total amount claimed as of date of presentation of this claim: $ _____

See Page 2 (over)

THIS CLAIM MUST BE SIGNED ON REVERSE SIDE

Was damages 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 provide in the following area a diagram of the 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 accident by "B-1" and the point of impact by "X."**

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

NOTE: CLAIMS MUST BE FILED WITH THE CITY CLERK (Government Code Section 915a). Presentation of a false claim is a felony (Penal Code Section 72.)