

CITY OF INGLEWOOD CLAIM FOR DAMAGES

[Gov't Code Title 1, Div 3.6, §§810 et seq; I.M.C. 1-30]

IMPORTANT NOTICE

- Pursuant to Gov't Code section 911.2, a claim for death, injury to person or to personal property must be filed with the City of Inglewood within six (6) months of occurrence.
- Pursuant to Gov't Code section 911.2, a claim for damage to real property must be filed within one (1) year of occurrence.
- **When completing form, type or print legibly.**
- Failure to sign this form and fully complete this form may result in rejection of the Claim.
- If there is insufficient space to provide complete information, attach additional sheets and identifying the additional information by paragraph number, and signing each sheet.
- Claims must be filed with the City of Inglewood, City Clerk, 1 Manchester Blvd., P.O. Box 6500, Inglewood, CA 90312 (Gov't Code section 915).

1. CLAIMANT

(A) NAME: _____

(B) ADDRESS: _____

(C) TELEPHONE NO.: (day) _____

(D) DATE OF BIRTH: _____

(E) DRIVER'S LICENSE NUMBER: _____

2. Mailing address you desire notices or communications to be sent regarding this Claim if different from section #1 above.

(A) NAME: _____

(B) ADDRESS: _____

3. DESCRIPTION OF INJURY, DAMAGE OR LOSS

Detail full extent of injuries or damages claimed

Property Damage: _____

Personal Injury: _____

Other: _____

4. AMOUNT OF CLAIM

Indicate the amount of damages claimed and any expenditure made relating to claimed loss.

Provide documents to support the amount claimed and the expenditures (copies of bills, receipts or estimates).

If you believe your damages or loss exceeds ten thousand dollars (\$10,000), you must indicate whether your claim would be a limited civil case (Gov't Code Section 910(f))

Has an insurance company paid any such bills: _____

If so, detail name of insurer and amount(s) paid: _____

5. CIRCUMSTANCE OF THE OCCURRENCE WHICH GIVE RISE TO THIS CLAIM

(A) **DATE** DAMAGE, INJURY OR TRANSACTION OCCURRED: _____ **TIME:** _____

(B) **LOCATION:**

Describe in detail the location where the incident occurred indicating the nearest address using the diagram on page 3 of this Form *and/or* by providing photos or images of the incident location.

(C) **SPECIFICALLY DESCRIBE HOW THE INJURY OR DAMAGE OCCURRED:**

(D) **IDENTIFY THE DIVISION/DEPARTMENT AND/OR PUBLIC EMPLOYEE(S) WHOSE ACTS, OMISSIONS OR BREACH CLAIMED TO HAVE CAUSED THE INJURY OR DAMAGE:**

(E) **IF A CITY VEHICLE WAS INVOLVED, GIVE MAKE, MODEL AND LICENSE PLATE NUMBER OF VEHICLE**

PUBLIC EMPLOYEE(S): _____

VEHICLE MAKE: _____ **MODEL:** _____ **LICENSE PLATE:** _____

WITNESSES: (NAMES AND ADDRESSES OF ALL KNOWN WITNESSES, DOCTORS AND/OR HOSPITALS)

6. IF THIS CLAIM IS BASED ON AN ALLEGED BREACH OF CONTRACT:

Please attach a copy of the contract and:

(A) **IDENTIFY THE PARTIES TO THE CONTRACT:** _____

(B) **DATE OF CONTRACT:** _____

(C) **DATE OF ALLEGED BREACH OF CONTRACT:** _____

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code Section 72)

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

(Signature of Claimant)

(Date)

Revised 2019

Please use the diagram below to indicate where your injury or damage occurred

