FILE WITH:
CITY CLERK'S OFFICE
1735 Montgomery Street
Oroville, CA 95965

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. (Gov. Code Sec. 911.2.)
2. Claims for damages to real property must be filed not later than 1 year after the occurrence (Gov. Code Sec. 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.

TO: [Name of City]

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?

Date:_____ Time:_____

If claim is for Equitable Indemnity, give date claimant served with the complaint:

Date:

Names of any city employees involved in INJURY or DAMAGE

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.

SEE PAGE 2 (OVER)

THIS CLAIM MUST BE SIGNED ON REVERSE SIDE

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 . . . . . .$_____

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 . . . . . $_____

General 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? _____ 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 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.

Signature of Claimant or person filing on his/her behalf giving relationship to Claimant:

Typed Name:

Date:

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