

CITY OF LA VERNE

FILE WITH:

City Clerk's Office
City of La Verne
3660 D Street
La Verne, CA 91750

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 (6) months after the occurrence. (Gov. Code Sec. 911.2.)
2. Claims for damages to real property and claims for monies purportedly owed by the City such as refunds and contract damages (Loss) must be filed not later than one (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: CITY OF LA VERNE

Date of Birth of Claimant

Name of Claimant

Occupation of Claimant

Home Address of Claimant

City, State, and Zip

Home or Cell Phone Number

Business Address of Claimant

City, State, and Zip

Business Phone Number

Give address and telephone number to which you desire notices or communications to be sent regarding this claim:

Email

When did DAMAGE, INJURY, or LOSS occur?

Date _____ Time _____
If claim is for Equitable Indemnity, give date claimant served with the complaint.
Date: _____

Names of any City employees involved in DAMAGE, INJURY, or LOSS

Where did DAMAGE, INJURY, or LOSS occur? Describe fully, and locate on diagram on reverse side of this sheet. Where appropriate, give street names and addresses and measurements from landmarks:

Describe in detail how the DAMAGE, INJURY, or LOSS occurred.

Why do you claim the City is responsible?

Describe in detail each DAMAGE, INJURY, or LOSS

SEE PAGE 2 (OVER)

THIS CLAIM MUST BE SIGNED ON REVERSE SIDE

CLAIM NO. _____

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

DAMAGES or LOSS incurred to date (exact):

Estimated prospective DAMAGES or LOSS as far as known:

Damage to property \$ _____
 Expenses for medical and hospital care . . . \$ _____
 Loss of earnings \$ _____
 Special damages for \$ _____
 General damages \$ _____
 Total damages incurred to date \$ _____

Future medical and hospital expenses \$ _____
 Future loss of earnings \$ _____
 Other prospective special damages \$ _____
 Prospective general damages \$ _____
 Total estimated prospective damages \$ _____

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

Was DAMAGE, INJURY, and/or LOSS investigated by police? _____ If so, what agency? _____ Report # _____

Were paramedics or ambulance called? _____ If so, name agency or ambulance. _____

If injured, state date, time, name and address of doctor of your first visit _____

WITNESSES to DAMAGE, INJURY, and/or LOSS: List all persons and addresses of persons known to have information:

Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____

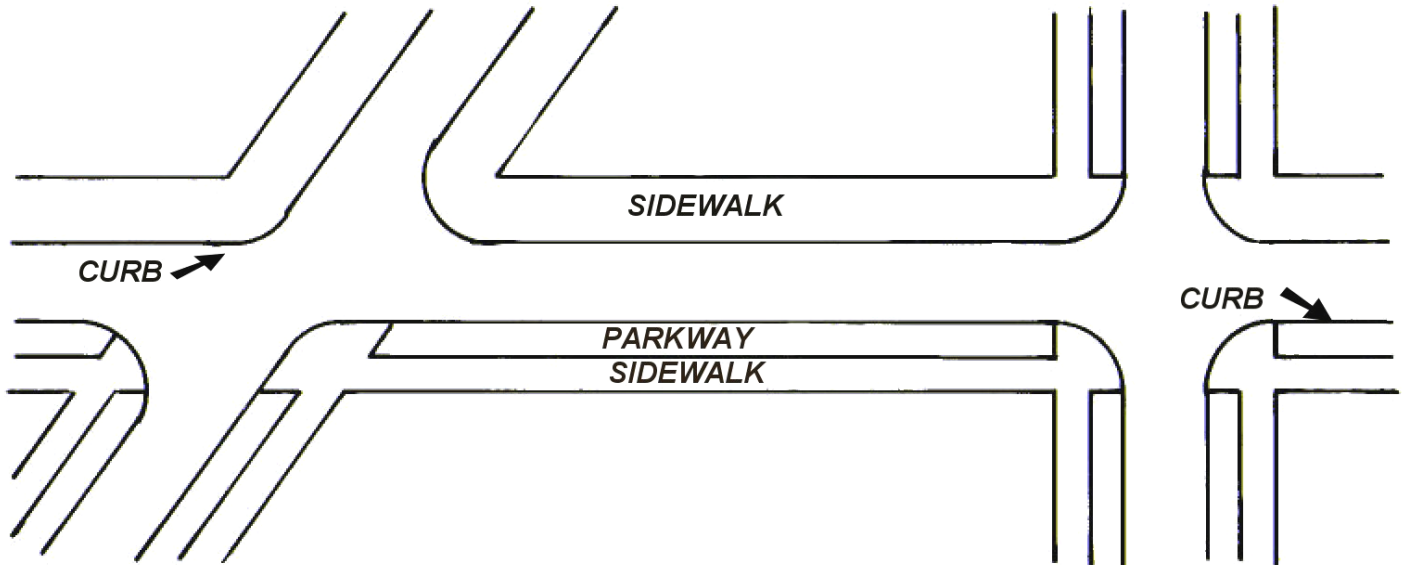
DOCTORS and HOSPITALS:

Hospital _____ Address _____ Date(s) Hospitalized _____
 Doctor _____ Address _____ Date(s) of Treatment _____
 Doctor _____ Address _____ Date(s) 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:	Type or Print Name:	Date:
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NOTE: CLAIMS MUST BE FILED WITH CITY CLERK (GOV. CODE SEC. 915a). Presentation of a false claim is a felony (Pen. Code Sec. 72)