

<b>FILE WITH:</b> <b>CITY CLERK'S OFFICE</b> 1735 Montgomery Street Oroville, CA 95965	<b>CLAIM FOR DAMAGES  TO PERSON OR PROPERTY</b>	<b>RESERVE FOR FILING STAMP</b>  CLAIM NO. _____
<p style="text-align: center;"><b>INSTRUCTIONS</b></p> <ol style="list-style-type: none"> <li>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.)</li> <li>2. Claims for damages to real property must be filed not later than 1 year after the occurrence (Gov. Code Sec. 911.2.)</li> <li>3. Read entire claim form before filing.</li> <li>4. See page 2 for diagram upon which to locate place of accident.</li> <li>5. This claim form must be signed on page 2 at bottom.</li> <li>6. Attach separate sheets, if necessary, to give full details. <b>SIGN EACH SHEET.</b></li> </ol>		
<b>TO: [Name of City]</b>	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 <b>DAMAGE</b> or <b>INJURY</b> occur?  Date: _____ Time: _____ If claim is for Equitable Indemnity, give date claimant served with the complaint:  Date: _____	Names of any city employees involved in <b>INJURY</b> or <b>DAMAGE</b>	
Where did <b>DAMAGE</b> or <b>INJURY</b> 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 <b>DAMAGE</b> or <b>INJURY</b> occurred.		
Why do you claim the City is responsible?		
Describe in detail each <b>INJURY</b> or <b>DAMAGE</b> .		
<b>SEE PAGE 2 (OVER)</b>	<b>THIS CLAIM MUST BE SIGNED ON REVERSE  SIDE</b>	

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

Damages incurred to date (exact):		Estimated prospective damages as far as known:	
Damage to property .....	\$ _____	Future expenses for medical and hospital care .....	\$ _____
Expenses for medical and hospital care .....	\$ _____	Future loss of earnings .....	\$ _____
Loss of earnings .....	\$ _____	Other prospective special damages .....	\$ _____
Special damages for .....	\$ _____	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.)