Name of Claimant Home Address of Claimant City and State Home Telephone Number Business Address of Claimant City and State Business Telephone Number Business Telephone Number Give address and telephone number to which you desire notices or communications to be sent Claimant's Social Security No. Regarding this claim: When did DAMAGE or INJURY occur? Date: Time: If datin is for Equitable Indemnity, give date claimant served with the complaint: Date: Where did DAMAGE or INJURY occur? Describe fully, and iscase on diagram on reverse side of this sheet. Where appropriate, give snames and address and measurements from landmarks: Describe in detail how the DAMAGE or INJURY occurred.	FILE WITH:	T	OR DAMAGES	RESERVE FO	OR FILING STAM
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 deamages to real property must be filed not later than 1 year after the occurrence (Gov. Code Sec. 911.2.) 3. Read entire damages to real property must be filed not later than 1 year after the occurrence (Gov. Code Sec. 911.2.) 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 Cisimant City and State Home Address of Cisimant City and State Business Address of Cisimant City and State Business Telephone Number Business Address of Cisimant City and State Business Telephone Number City and	CITY CLERK'S OFFICE	TO PERSON	I OR PROPERTY		
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Address	The amount claimed, as of the date	of presentation of this claim,	is computed as follows:
Damage to property	Damages incurred to date (exact):		Estimated prospective damages as far as known:
Loss of earnings	Damage to property	\$	
Special damages for	Expenses for medical and hospital	care \$	Future loss of earnings
General damages\$ Total damages incurred to date\$ Was damage and/or kijury investigated by police? If so, what City?	Loss of earnings	\$	Other prospective special damages
Total damages incurred to date\$ Total damages incurred to date\$ Total amount claimed as of date of presentation of this claim: \$ Was damage and/or injury investigated by police?	Special damages for	\$	Prospective general damages
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Total amount claimed as of date of presentation of this claim: \$	General damages	\$	
Was damage and/or injury investigated by police?	Total damages incurred to	date \$	
Were paramedics or ambulance called? If so, name City or ambulance If injured, state date, itme, name and address of doctor of your first visit	Total amount claimed as of date of p	presentation of this claim: \$_	
Were paramedics or ambulance called? If so, name City or ambulance If injured, state date, itme, name and address of doctor of your first visit	Was damage and/or injury investigat	ted by police?	If so, what City?
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Octor Address Date of Treatment or 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. 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 hen 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 oction by "B-1" and the point of impact by "X". OTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by claimant. OTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by claimant. Date:			
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