



CLAIM FOR DAMAGES

TO PERSON OR PROPERTY

FILE WITH:
City Clerk's Office

THE CITY OF GLENDORA
116 E. Foothill Blvd.
Glendora, CA 91741

Routing By: Date:	File Copy	FYI Only	Take Regular Action	Contact Risk Manager
Orig. Claim				
City Manager				
City Attorney				
TPA				

RESERVE FOR FILING STAMP

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 section 911.2.)
2. Claims for damages to real property must be filed not later than one (1) year after the occurrence. (Gov. Code section 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: THE CITY OF GLENDORA	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 DAMAGE or INJURY	

Where did DAMAGE or INJURY 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 or INJURY occurred.

Why do you claim the City is responsible?

Describe in detail each DAMAGE or INJURY

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 \$ _____
General damages \$ _____

Total damages incurred to date \$ _____

Estimated prospective damages as far as known:

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 and/or injury 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 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:

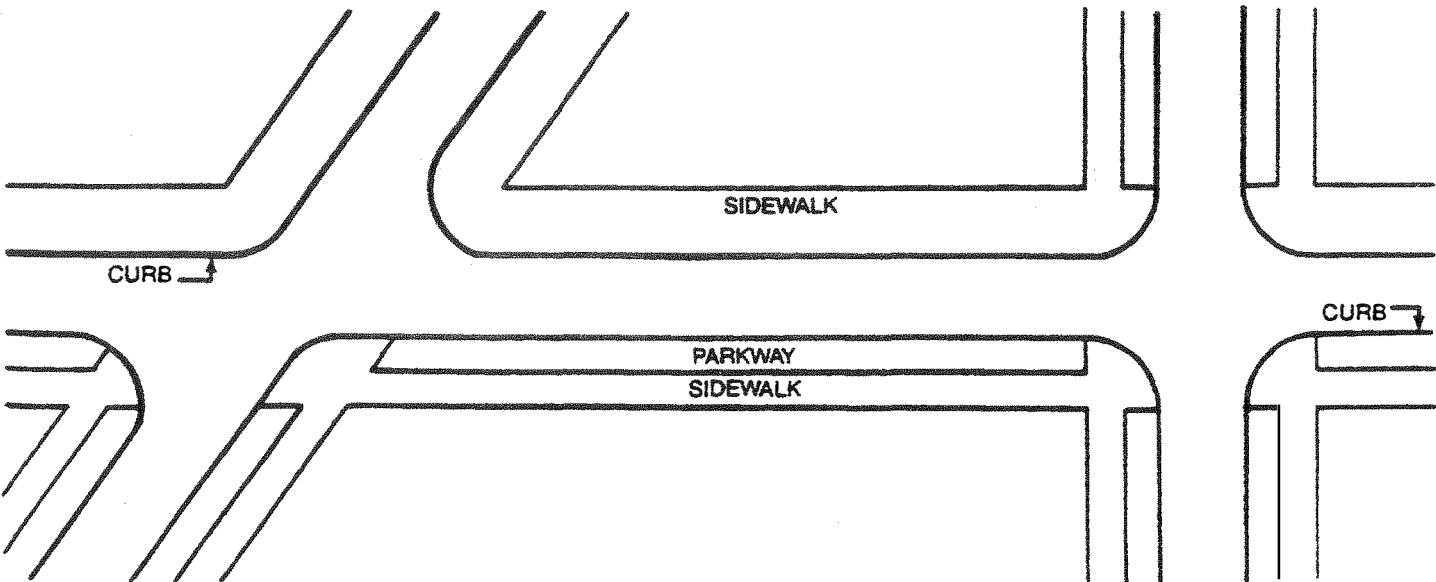
Hospital _____ Address _____ Date(s) Hospitalized _____
Doctor _____ Address _____ Date(s) of Treatment _____
Doctor _____ Address _____ Date(s) of Treatment _____

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:

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