

FILE WITH:
CITY CLERK'S OFFICE
200 Lincoln Avenue
Salinas, CA 93901

City of Salinas

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

CLAIM NO.
(Assigned by City)



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.**
7. Attach supporting documentation such as estimates or invoices.

TO: CITY OF SALINAS

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

Business Telephone Number

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

When did DAMAGE or INJURY occur?
Date Time

Names of any City employee 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, 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 INJURY or DAMAGE (attach photographs if available):

SEE PAGE 2

THIS CLAIM MUST BE SIGNED ON PAGE 2

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.....\$ _____
 Other damages (please describe): \$ _____

Total damages incurred to date.....\$ _____

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

Was damage and/or injury investigated by police? Yes No If so, what city?

Were paramedics or ambulance called? Yes No If so, name city or ambulance service:

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 :

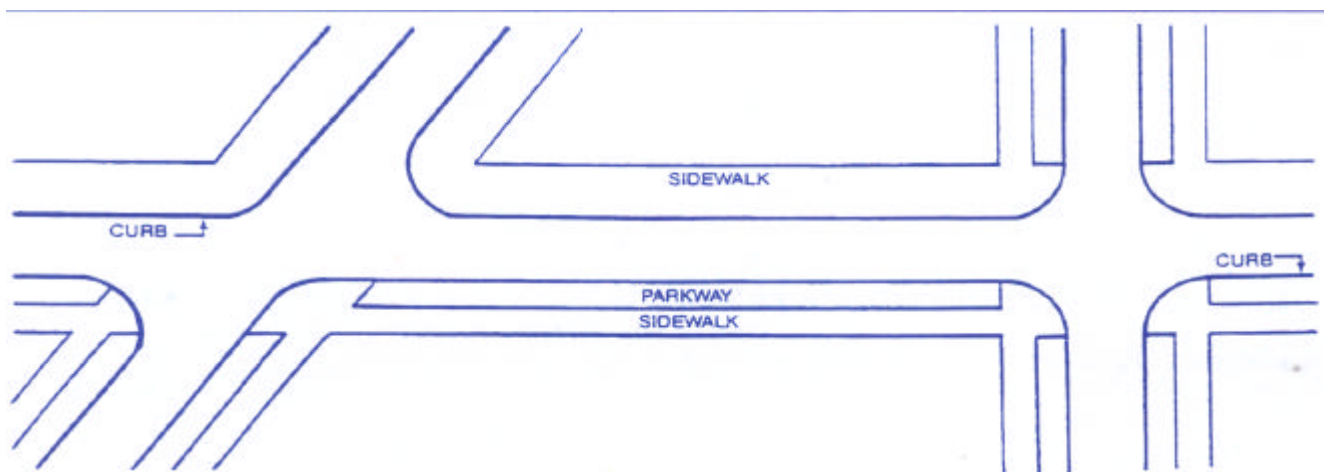
Hospital _____ Address : _____ Date Hospitalized : _____
 Doctor _____ Address : _____ Date of Treatment : _____
 Doctor _____ Address : _____ Date of Treatment : _____

READ CAREFULLY

For all accident claims, place on following diagram names of streets including North, South, East and West. Indicate place of accident by "X" and by showing house numbers or distances to street corners. If a City vehicle was involved, designate by letter "A" the location of City vehicle when you first saw it, and by "B" the location of yourself or your vehicle when you first saw the City Vehicle.

Designate 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 (provide relationship to Claimant):

Typed Name:

Date:

NOTE: CLAIMS MUST BE FILED WITH CITY CLERK (Gov. Code Sec. 915a). ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.