

FILE WITH:
 CITY CLERK'S OFFICE
 400 S. Vicentia Avenue, Ste. 125
 Corona, CA 92882-2187



CLAIM FOR DAMAGES

FOR OFFICE USE ONLY:

Claim No. _____

INSTRUCTIONS (THIS IS A PUBLIC RECORD)

- 1) Claims for death, injury to person or damage to personal property must be filed not later than six months after the occurrence. (Government Code Section 911.2)
- 2) Claims for damages to real property must be filed not later than one year after the occurrence. (Government Code Section 911.2)
- 3) See Page 2 for diagram upon which to locate place of accident.
- 4) This Claim form must be signed at the bottom of Page 2.
- 5) Attach separate sheets, if necessary, to give full details. **SIGN EACH SHEET.**
- 6) Please review entire claim form for completeness before filing.

Name of Claimant	Occupation of Claimant
------------------	------------------------

Home Address of Claimant	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 the claim:

When did DAMAGE or INJURY occur? DATE _____ TIME _____ If claim is for Equitable Indemnity, give date that claimant was served with the complaint: DATE _____	Names of any City employees involved in INJURY or DAMAGE
--	--

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

Attach additional sheet if needed

Describe in detail how the DAMAGE or INJURY occurred:

Attach additional sheet if needed

Why do you claim the City is responsible?

Attach additional sheet if needed

Describe in detail each DAMAGE or INJURY:

Attach additional sheet if needed

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

<u>Damages incurred to date (exact):</u>		<u>Estimated prospective damages as far as known:</u>	
Damages 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:	\$ _____
General damages:	\$ _____		
TOTAL damages incurred to date:	\$ _____	Total estimate prospective damages:	\$ _____

TOTAL AMOUNT CLAIMED AS OF DATE OF PRESENTATION OF THIS CLAIM: \$ _____

Was damage and/or injury investigated by police? _____ If so, what City? _____
 Police Report No. _____
 Were paramedics or ambulance called? _____ If so, name of City or ambulance _____
 If injured, state date, time, name, and address of doctor of your first visit _____

WITNESSES TO DAMAGE or INJURY: List of all persons and addresses of persons known to have information:

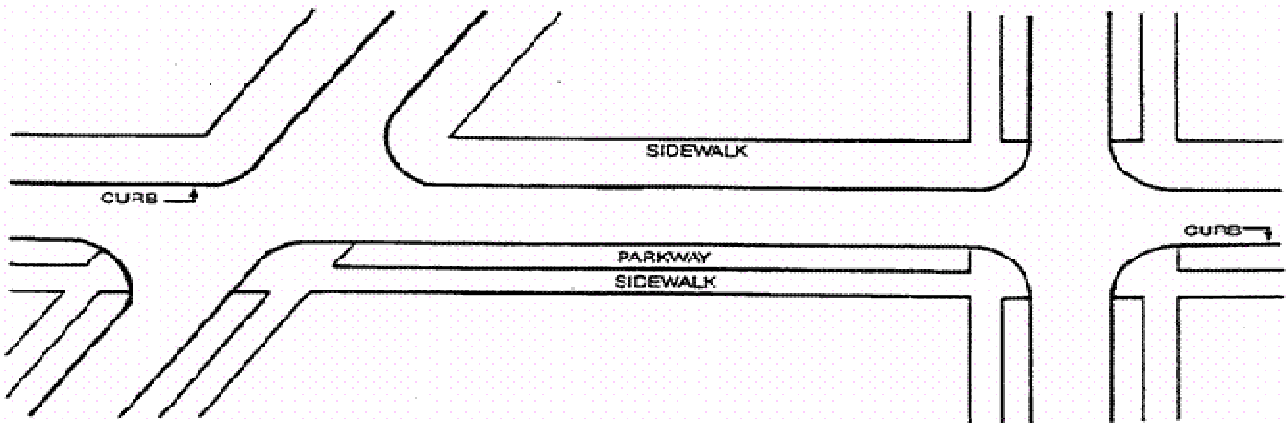
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

DOCTORS and HOSPITALS

Hospital _____	Address _____	Date Hospitalized _____
Doctor _____	Address _____	Date Treated _____
Doctor _____	Address _____	Date Treated _____

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 diagram below does not fit the situation, attach hereto a proper diagram signed by the claimant.



Signature of Claimant or person filing on his/her behalf giving relationship to Claimant:	Printed Name:	Date
---	---------------	------