

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



**CLAIM FOR DAMAGES**

**FOR OFFICE USE ONLY:**

**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.

**Claim No.** \_\_\_\_\_

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

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:

Damages incurred to date (exact):

Estimated prospective damages as far as known:

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 \_\_\_\_\_

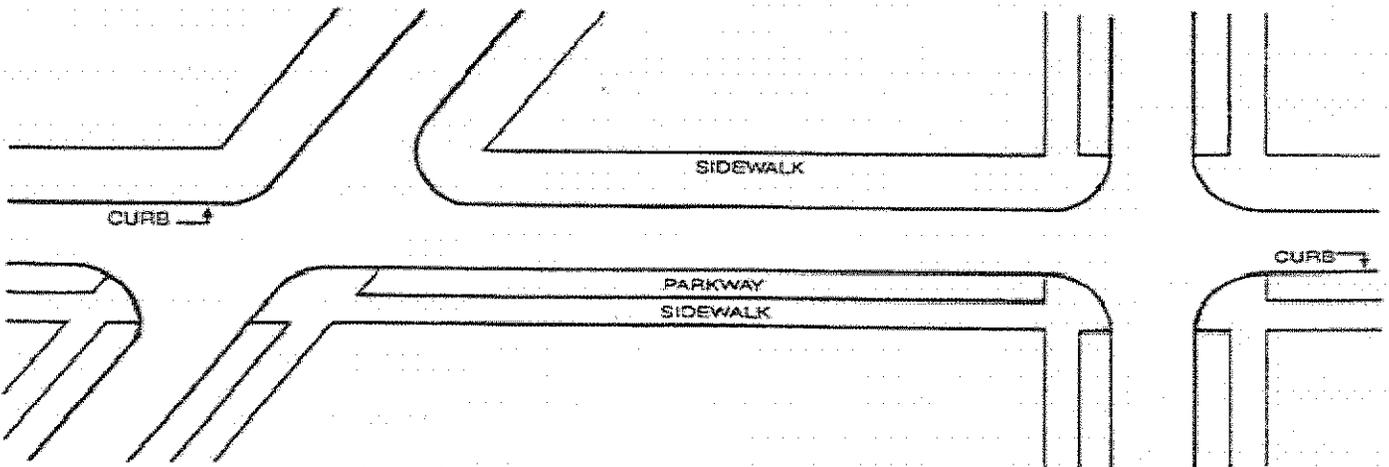
Doctor \_\_\_\_\_ Address \_\_\_\_\_ Date Treated \_\_\_\_\_

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