

FILE WITH:
OFFICE OF THE CITY CLERK
415 S. IVY AVENUE
MONROVIA, CA 91016

CLAIM FOR DAMAGES
TO PERSON OR PROPERTY

RESERVED FOR FILING STAMP

CLAIM NO. _____

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 one 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.**

TO: CITY OF MONROVIA

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 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 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 and address 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

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 expenses for medical and hospital care \$ _____
 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 city? _____

Were paramedics or ambulance called? _____ If so, name city 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:

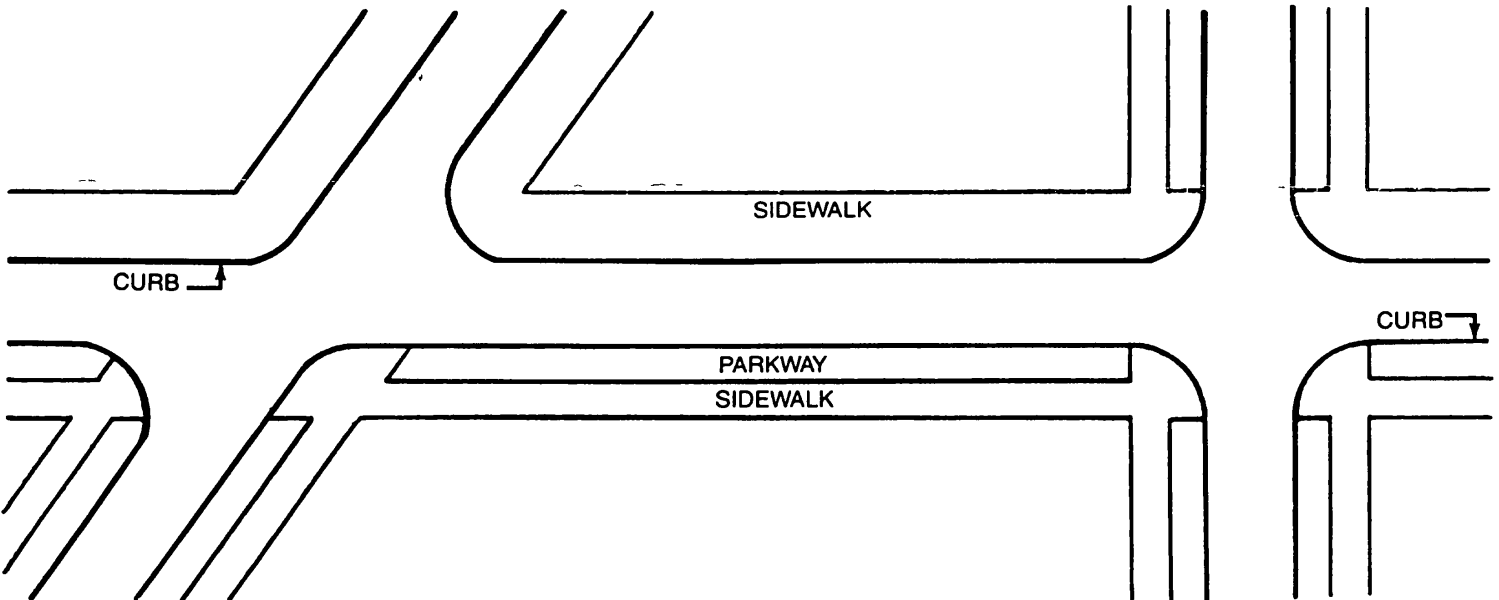
Name: _____ Address _____ Phone _____
 Name: _____ Address _____ Phone _____
 Name: _____ Address _____ Phone _____

DOCTORS and HOSPITALS:

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

READ CAREFULLY

For all accident claims, place on the 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 a 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 behalf, giving relationship to Claimant: | Typed (or Printed) Name | Date: |
|----------------------------------------------------------------------------------------|-------------------------|-------|