

FILE WITH: CITY OF WEST COVINA City Clerk's Office P.O. Box 1440 1444 W. Garvey Avenue WEST COVINA, CA 91790	CITY OF WEST COVINA Claim for Damages (To Persons or Personal Property) 	RESERVED FOR FILING STAMP: Received by _____ Distribution _____
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INSTRUCTIONS

1. Claims for death, injury to person or to personal property must be delivered personally to the City Clerk's Office or postmarked and addressed to the City Clerk's Office not later than six months after the occurrence. (Gov. Code Sec. 911.2).
2. Claims for damages to real property must be delivered personally to the City Clerk's Office or postmarked and addressed to the City Clerk's Office not later than 1 year after the date of 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.

PLEASE SIGN EACH SHEET

Name of Claimant	Date of Birth	Occupation
Home Address of Claimant (City, State and Zip Code)	Home Telephone Number	
Business Address of Claimant (City, State and Zip Code)	Business Telephone Number	
Give address and telephone number to which you desire notices or communications to be sent regarding claim. Include City, State and Zip Code.	Social Security No.	Driver's License No.
When did DAMAGE or INJURY occur? Date: _____ Time: _____ If claim is for Equitable Indemnity, give date claimant was served with the complaint. Date: _____	Name of any City employee's involved: 1 _____ 2 _____ 3 _____	
Where did DAMAGE or INJURY occur? Describe fully and locate on diagram on reverse side of this sheet. Where appropriate, give street name and address and measurements from landmarks: _____ _____		
Describe in detail how the DAMAGE or INJURY occurred. (use additional paper if necessary) _____ _____ _____ _____		
Why do you claim the City is responsible? Give name of City employee(s), (if any) you consider to be responsible for damage or injury. _____ _____		
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):		Estimated future damages (if any):	
Damages to property	\$ _____	Future expenses for medical and hospital care	\$ _____
Expenses for medical & hospital care (if any)	\$ _____	Future loss of earnings	\$ _____
Loss of Earnings	\$ _____	Prospective special damages	\$ _____
Special damages	\$ _____	Prospective general damages	\$ _____
General damages	\$ _____		
Total damages incurred to date	\$ _____	Total estimate future damages	\$ _____

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

Was damage and/or injury investigated by police? _____ If so, what city? _____ Police Report # (if any) _____

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 and telephone number of person known to have information:

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

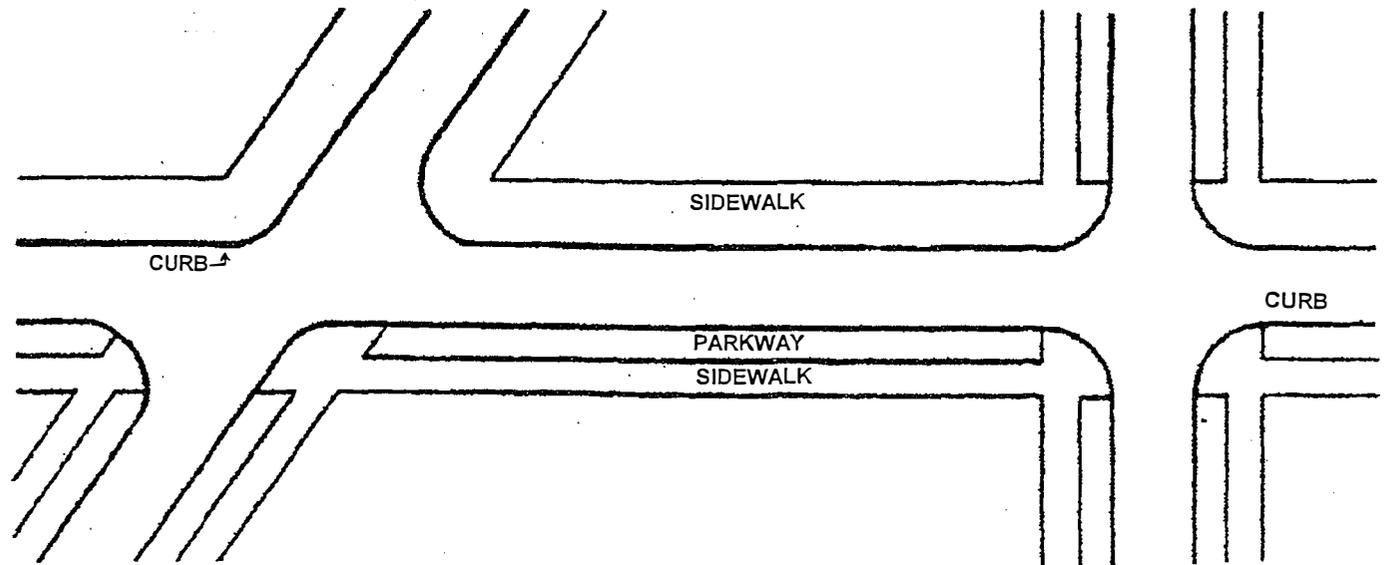
DOCTORS and HOSPITALS:

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

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 a proper diagram signed by claimant.



Signature of Claimant or person filing on his behalf giving relationship to Claimant: _____ Print or Type Name: _____ Date: _____

NOTE: CLAIMS MUST BE FILED WITH CITY CLERK (GOV. CODE SEC. 915a). Presentation of a false claim is a felony (Pen. Code Sec. 72).