FILE WITH:

CITY CLERK'S OFFICE

200 Lincoln Avenue

Salinas, California 93901

(RESERVE FOR FILING STAMP)

CLAIM NO.

(Assigned by City)

City of Salinas

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

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, damage, or injury.
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.
8. Presentation of a false claim is a Felony (Penal Code Sec. 72)
9. Asterisk (*) denotes information required by law. (Gov. Code Sec. 910)
10. Double asterisks (**) denote information required for bodily injury claims prior to settlement for compliance with federal law, Center for Medicare, and Medicaid Services repay.

* Name of Claimant:	**Date of Birth of Claimant:
* Address of Claimant: City, State, and Zip Code:	Occupation of Claimant:
* Address of and telephone number to which claimant desires notices or communications sent regarding this claim:	Home Telephone Number:
** Select: □ Female □ Male	Business Telephone Number:

* 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):

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:

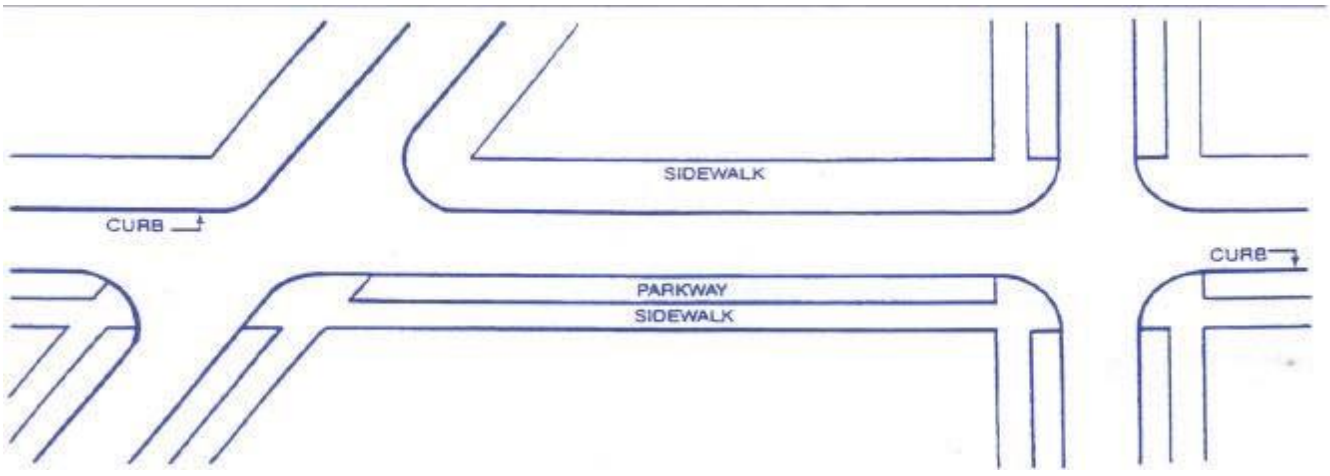
Hospital:_____Address :_____Date Hospitalized :_____
Doctor:_____Address :_____Date of Treatment :_____
Doctor:_____Address :_____Date of Treatment :_____

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 (provided relationship to Claimant):	Printed or 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.