

CITY OF MONTEBELLO

City Clerk's Office
1600 West Beverly Boulevard
Montebello, CA 90640
(323) 887-1437

(For City Clerk Use Only)

CLAIM FOR DAMAGES FORM

INSTRUCTIONS - Claim must be filed with City Clerk. (Government Code Section 915a), Medicare information mandatory - U.S. Code, Title 42 1395y (b)(7)(8)

- 1) Claims for death, injury to person(s) or to personal property must be filed no later than six months after the occurrence. (Government Code Section 911.2)
 - 2) Claims for damages to real property must be filed no later than one year after the occurrence.
 - 3) (Government Code Section 911.2)
 - 4) Claim must be in **BLACK INK** or **TYPED**.
 - 5) See Page 2 for diagram upon which to illustrate place of accident.
 - 6) Claim form must be signed at bottom of page 2.
- If necessary, attach separate sheets to give full details. **SIGN EACH SHEET.**

Name of Claimant & Guardian if Claimant is a minor. Social Security No. Date of Birth

Home Address of Claimant City and State ZipCode Home Telephone Number

Business Address of Claimant City and State Daytime Telephone Number

Give address to which you desire notices of communications to be sent regarding this claim.

How did DAMAGE or INJURY occur? Give full particulars.

When did DAMAGE or INJURY occur? Give full particulars. (date, time of day)

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:

What particular ACT or OMISSION do you claim caused the injury or damage? Give names of City employees causing the injury or damage, if known:

What DAMAGE or INJURIES do you claim resulted? Give full extent of injuries or damages claimed:

What AMOUNT do you claim on account of each item of injury or damage as of date of presentation of this claim, giving basis of computation:

Name and address of Witness(s), Doctors and/or Hospitals:

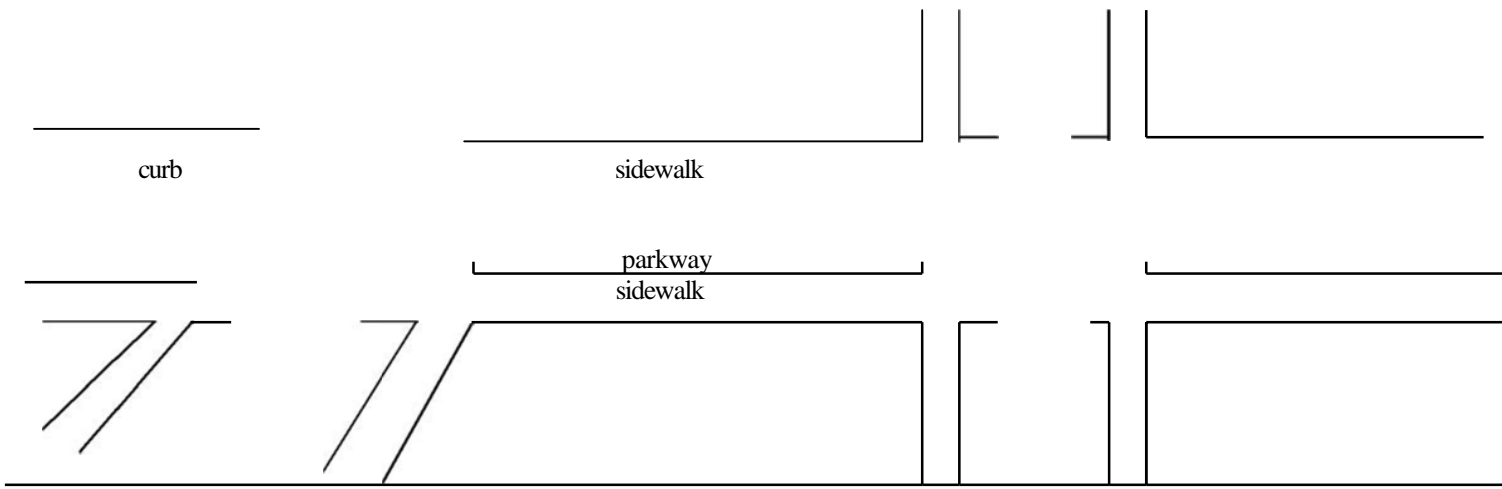
READ CAREFULLY

For all accident claims, place the following diagram names of streets, including North, East, South and West; indicate place of accident by an "X" and by showing house numbers or distance to street corners.

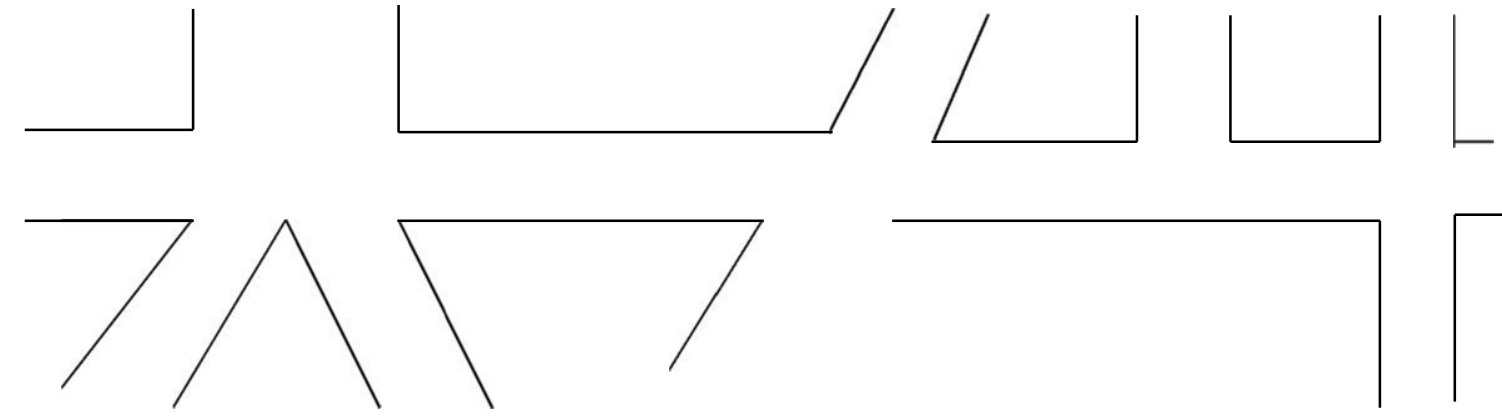
If a City vehicle was involved, designate by letter "A", location of City vehicle when you first saw it, and by "B", location of yourself or your vehicle when you first saw City vehicle; location of City vehicle at the time of the accident by "A1" and location of yourself or your vehicle at the time of the accident by "B-1", and the point of impact by "X".

*NOTE: If diagrams below does not fit the situation, attach hereto a proper diagram signed by the claimant.

FOR OTHER ACCIDENTS



FOR AUTOMOBILE ACCIDENTS



Signature of Claimant or person filing on her/his behalf giving relationship to claimant.	Typed or Printed Name	Date
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*NOTE: PRESENTING A FALSE OR FRAUDULENT CLAIM IS A CRIMINAL OFFENSE. (Penal Code Section 72)