

FILE WITH
CITY CLERKS OFFICE
City of La Quinta
78-495 Calle Tampico
La Quinta, CA 92253

RESERVE FOR DATE
STAMP

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 §911.2)
2. Claims for damages to real property must be filed not later than 1 year after the occurrence. (Gov. Code § 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 the bottom.
6. Attach separate sheets, if necessary, to give full details. **SIGN EACH SHEET.**

TO: (Name of City)

Name of Claimant

Home Address of Claimant

City and State

Business Address of Claimant

City and State

Give address and Phone No. to which you desire notices or communications to be
Sent regarding this claim

Birth Date of Claimant:

Occupation of Claimant:

Home Phone of Claimant:

Business Phone of Claimant:

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

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 \$ _____

Was damage and/or injury investigated by police? _____ If so what City? _____
 Where paramedics or an ambulance called? _____ If so, name, City or ambulance _____
 If injured, state date, time, name and address of your initial visit _____

WITNESSES to DAMAGE or INJURY: List all persons and address of person known to have information:

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

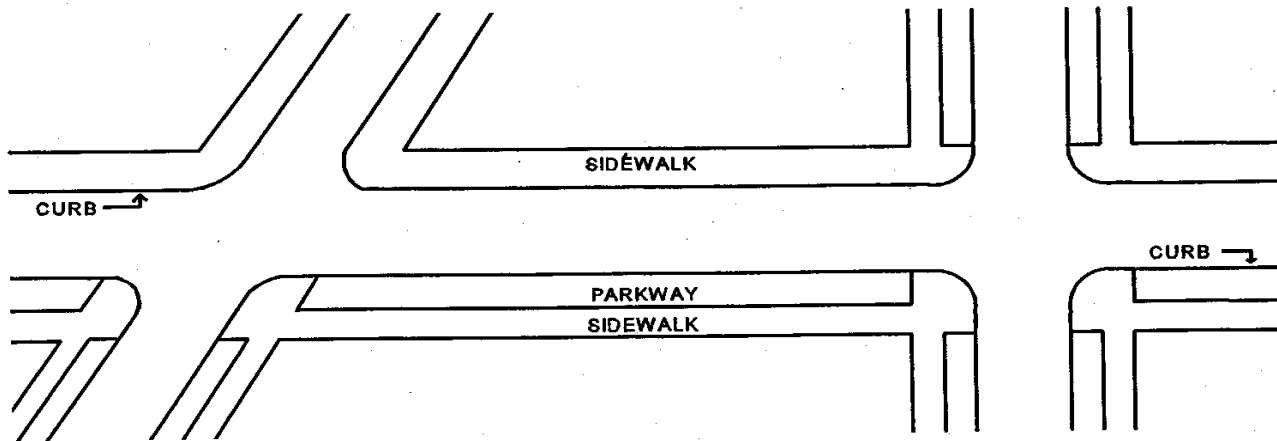
DOCTOR AND HOSPITALS:

Hospital _____ Address _____ Phone _____
 Doctor _____ Address _____ Phone _____
 Doctor _____ Address _____ Phone _____

READ CAREFULLY

For all accident claims place on following diagram name 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 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 Name: _____ Date: _____

NOTE: SIGNED CLAIMS MUST BE FILED WITH CITY CLERK (Gov. Code § 915a.) Presentation of a false claim is a felony (Pen. Code § 72.)