

CLAIM FORM
(Please Type or Print)

CLAIM AGAINST _____
(Name of Entity)

Claimant's Name _____ **S.S #:** _____ - _____ - _____

Claimant's Date of Birth _____ **Telephone # (_____)** _____

Claimant's Address _____ **Gender:** Male _____ Female _____

Address where Notices and Claims are to be sent, if different from above:

Date of Incident / Accident / Arrest: _____

Date Injuries, Damages or Losses were discovered: _____

Location of Incident / Accident / Arrest: _____

What did Entity or Employee do to cause this Loss, Damage or Injury?

(Use Back of this form or separate sheet if necessary to answer this question in detail)

What are the Names of the Entity's Employees who caused this Injury, Damage or Loss (if known)?

What specific Injuries, Damages or Losses did Claimant receive? _____

(Use Back of this form or separate sheet if necessary to answer this question in detail)

What amount of money is claimant seeking, or if amount is in excess of \$10,000, which is the appropriate court of jurisdiction. Note: If Superior and Municipal Courts are consolidated, you must represent whether it is a "limited civil case" [see Government Code 910(f)]

(Use back of this form or separate sheet if necessary to answer this question in detail)

How was this amount calculated (please itemize)? _____

(Use back of this form or separate sheet if necessary to answer this question in detail)

Date Signed: _____ **Signature:** _____

If signed by Representative:

Representative's Name: _____

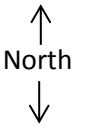
Address: _____

Telephone: _____

Relationship to Claimant: _____

DIAGRAMS

General Diagram



Street Incidents

