

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

File with:
 City Clerk's Office
 526 "C" Street
 PO Box 150
 Marysville, CA 95901

Reserve for Filing Stamp
Claim No. _____

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.
 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.
- NOTE:** If you are filing a claim after six (6) months after the date of the incident, but not exceeding one (1) Year, you must file an "APPLICATION FOR LEAVE TO PRESENT A LATE CLAIM TO THE CITY OF MARYSVILLE," Which may be obtained from the City Clerk.

TO: CITY OF MARYSVILLE

Name of Claimant	E-mail Address	Date of Birth of Claimant
Home Address of Claimant	City and State	Occupation of Claimant
Mailing Address if different from home address	Telephone Number	
Names of any City employees involved in INJURY or DAMAGE	Claimant's Social Security Number:	
When did DAMAGE or INJURY occur? Date _____ Time _____ If claim is for Equitable Indemnity, give date claimant served with the complaint: Date _____		
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		

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

The amount claimed, as of the date of presentation of this claim, is computed as follows:

Damages occurred to date (exact)		Estimated prospective damages as far as known:	
Damage to property.....	\$ _____	Future expenses for medical and hospital care.....	\$ _____
Expenses for medical/hospital care.....	\$ _____	Future loss of earnings.....	\$ _____
Loss of earnings.....	\$ _____	Other prospective special damages.....	\$ _____
Special Damages for.....	\$ _____	Prospective general damages.....	\$ _____
General Damages.....	\$ _____	Total estimate prospective damages.....	\$ _____
Total amount claimed as of date of this 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 _____
 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:

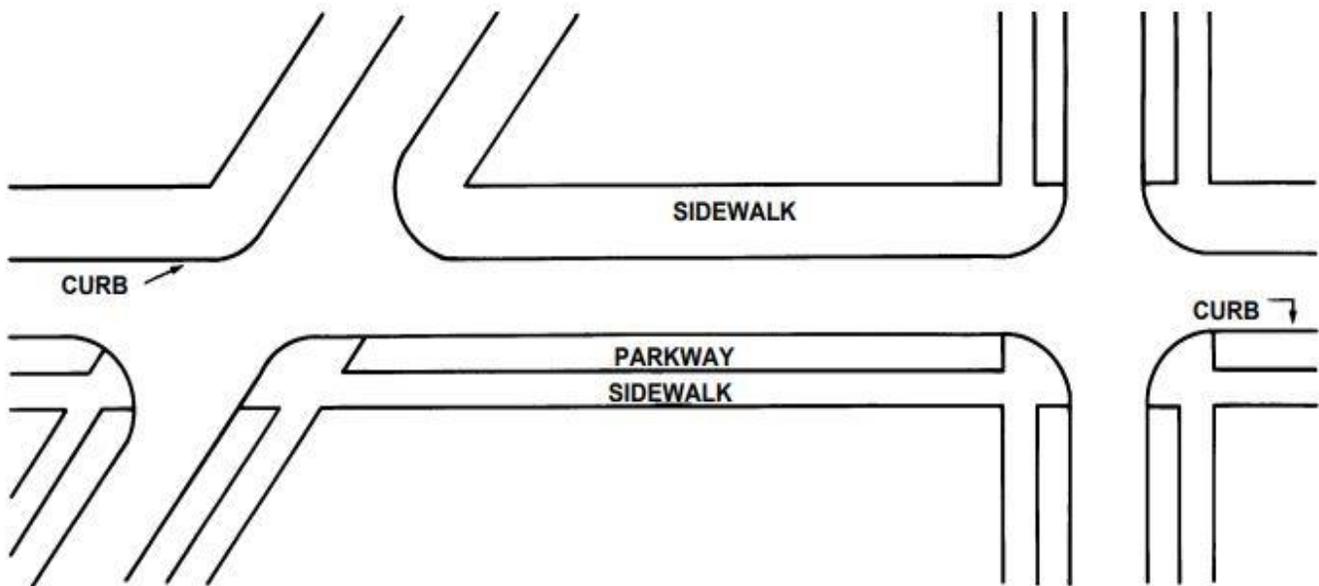
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

DOCTORS and HOSPITALS:

Hospital _____	Address _____	Date Hospitalized _____
Hospital _____	Address _____	Date Hospitalized _____
Hospital _____	Address _____	Date Hospitalized _____

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 diagram below does not fit the situation, attach hereto a proper diagram signed by claimant.



Signature of Claimant or person filing on his/her behalf _____

Print or type name and relationship Claimant: _____ 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).