

CITY OF BALDWIN PARK
CLAIM FOR DAMAGES
TO PERSON OR PROPERTY

City Clerk's Official Filing Stamp

1. Claims for death, injury to person or personal property must be filed no later than 6 months after occurrence (Govt. Code Sec. 911.2)
2. Claims for damage to real property must be files no later than 1 year.
3. Knowingly filling false claims violates Govt. Code Sec. 12650 and Penal Code Sec. 72 and can be prosecuted as fraud.
4. You must provide a response to each questions, if it does not apply please write N/A. You may attached to provide details.
5. You must sign the claim form at the bottom of page 2
6. Deliver or mail to : Office of the City Clerk, 14403 E. Pacific Ave., Baldwin Park (Govt. Code Sec. 915a).

1) Claimant's information:

Name of Claimant: _____ Claimant's Date of Birth: _____ Claimant's Occupation: _____

Claimants Home Address (City, State and Zip Code): _____

Homes Telephone Number _____ Business Telephone Number _____

Name and address to which you desire notices or communications to be sent regarding this claim

2) Damage or Injury

Date: Damage or Injury Occurred _____ Time: Damage or Injury Occurred _____

If claim is for Equitable Indemnity, give date claimant was served with the complaint: Date _____

Where did the Damage or Injury occur? (City, State and Zip Code). Describe fully and locate on diagram on second sheet.
Where appropriate, give street name and address and measurements from landmarks.

Where police or paramedics called? YES NO Name of any City employee's involved: _____
If yes, was a report filed? YES NO _____
If yes, what is the report No. _____

If physician was visited due to injury, include date of first visit and physician's name, address and phone number:

Date: First Visit to Physician _____ Physician's Name _____ Physician's Phone Number _____

Physicians Address (City, State and Zip Code)
Why do you claim the City is responsible? Give name of City employee(s), (if any) you consider to be responsible for damage or injury.

Describe in detail how the Damage or Injury occurred.

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

Table with 2 columns: Damage incurred to date (exact) and Estimated future damages (if any). Rows include Damages to Property, Expenses for Medical & Hospital Care, Loss of Earnings, Special Damages, General Damages, Total Damages Incurred to Date, Future Expenses for Medical and Hospital Care, Future Loss of Earnings, Prospective Special Damages, Prospective General Damages, Total Estimate Future Damage.

Limited Civil Case: YES [] NO [] (State the amount of your claim if the total amount is \$10,000 or less. If it is over \$10,000 no dollar amount shall be stated, but you are required to state whether the claim would be a limited civil case (total amount of claim does not exceed \$25,000).)

Witnesses to Damage or Injury: list all persons and addresses of persons known to have information :

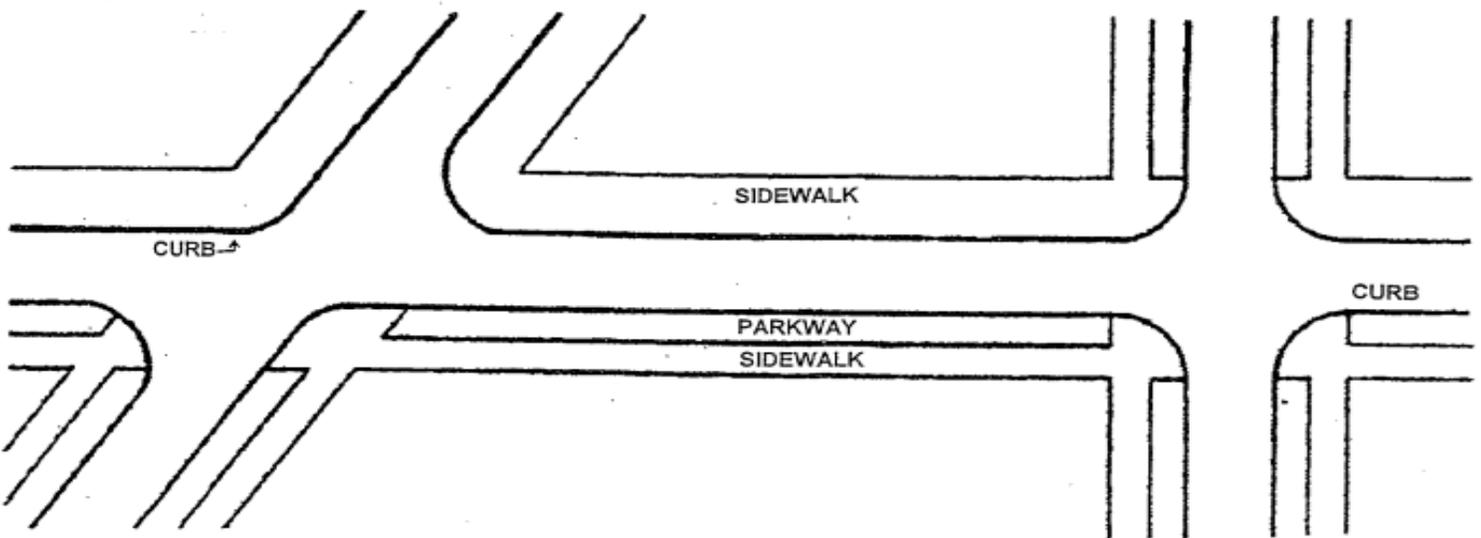
Name : _____ Address _____ Phone Number _____
Name : _____ Address _____ Phone Number _____
Name : _____ Address _____ Phone Number _____

READ CAREFULLY

For all accident claims, please 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 the City Vehicle when you first saw it, and by "B" location of yourself or your vehicle.

When you first saw City vehicle, location of the City vehicle at times of accident by "A-1" and location of yourself at the time of the accident by "B-1" and the point of impact by "X".

Note: If diagram below do not fit the situation, attach a proper diagram signed by claimant.



Signature of Claimant or person filling on claimant behalf; relationship to claimant and date:

I hereby certify (or declare) under penalty under the laws of the State of California that the forgoing is true and correct to the best of my knowledge.

Signature Relationship to Claimant Print Name Date