CLAIM FOR DAMAGES TO PERSON OR PROPERTY

Routing By: Date:	File Copy	FYI Only	Take Regular Action	Contact Risk Manage
Orig. Claim City Manager City Attorney TPA			The same of the sa	

THE CITY OF GLENI FILE WITH: 116 E. Foothill Blv City Clerk's Office Glendora, CA 917	vd.	Orig. Claim City Manager City Attorney TPA RESERVE FOR FILING STAMP	
 INSTRUCTIONS Claims for death, injury to person or to person months after the occurrence. (Gov. Code section 2. Claims for damages to real property must be foccurrence. (Gov. Code section 911.2.) Read entire claim form before filing. See page 2 for diagram upon which to locate positions. This claim form must be signed on page 2 at the focus of the company of the company. Attach separate sheets, if necessary, to give for the company. 	on 911.2.) iled not later than one (1) year after the clace of accident. cottom.		
THE CITY OF GLENDORA	Date of Birth of Claimant		
Name of Claimant		Occupation of Claimant	
Home Address of Claimant	City and State	Home Telephone Number	
Business Address of Claimant	City and State	Business Telephone Number	
Give address and telephone number to which you desir this claim:	ng Claimant's Social Security No.		
When did DAMAGE or INJURY occur? DateTime If claim is for Equitable Indemnity, give date claimant served with the complaint. Date	Names of any City employees involved in DA	AMAGE or INJURY	
Where did DAMAGE or INJURY occur? Describe fully, a from landmarks:	and locate on diagram on reverse side of this sh	neet. Where appropriate, give street names and addresses and measurements	
Describe in detail how the DAMAGE or INJURY occurred	ed.		
Why do you claim the City is responsible? Describe in detail each DAMAGE or INJURY			

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The amount claimed, as of the date of presentation of this claim, is computed as follows: Damages incurred to date (exact): Estimated prospective damages as far as known: Future medical and hospital expenses..... \$ _ Expenses for medical and hospital care . . . \$ Other prospective special damages \$ Special damages for \$ ___ Prospective general damages \$ ___ Total estimated prospective damages \$ Total damages incurred to date \$ ____ Total amount claimed as of date of presentation of this claim: \$ Was damage and/or injury investigated by police?______f so, what agency?________Report #______ Were paramedics or ambulance called?_______ If so, name agency 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 _____Address______Phone_____ __Phone____ DOCTORS and HOSPITALS: Hospital___ ___Address___ _____Date(s) Hospitalized ____ Doctor _____ Address Date(s) of Treatment Address______Date(s) of Treatment _____ Doctor____ **READ CAREFULLY** vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time For all accident claims, place on following diagram names of streets, including of the accident by "B-1" and the point of impact by "X". 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, NOTE: If diagrams below do not fit the situation, attach hereto a proper diagram designate by letter "A" location of City Vehicle when you first saw it, and by "B" signed by claimant. location of yourself or your vehicle when you first saw City vehicle; location of City SIDEWALK CURB -CURB' PARKWAY SIDEWALK Signature of Claimant or person filing on his/her behalf giving Type or Print Name: Date: relationship to Claimant: