

CITY OF WEST HOLLYWOOD

RESERVE FOR FILING STAMP

FILE WITH:

CLAIM FOR DAMAGES

CITY CLERKS OFFICE
8300 Santa Monica Blvd
West Hollywood, CA 90069-4314

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 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 five full details. SIGN EACH SHEET.

CLAIM NO. _____

TO: **City of West Hollywood**

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 desire notices or communications to be sent regarding this claim:

Claimants Social Security No.

When did DAMAGE or INJURY occur?

Names of any city employees involved in INJURY or DAMAGE

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 addresses 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:

Damaged incurred to date (exact):

Damage to property.....\$
Expenses for Medical and hospital care.....\$
Loss of earnings.....\$
Special damages for.....\$

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 estimate prospective damages.....\$

General 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? If so, what City?
Were paramedics or ambulance called? 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:

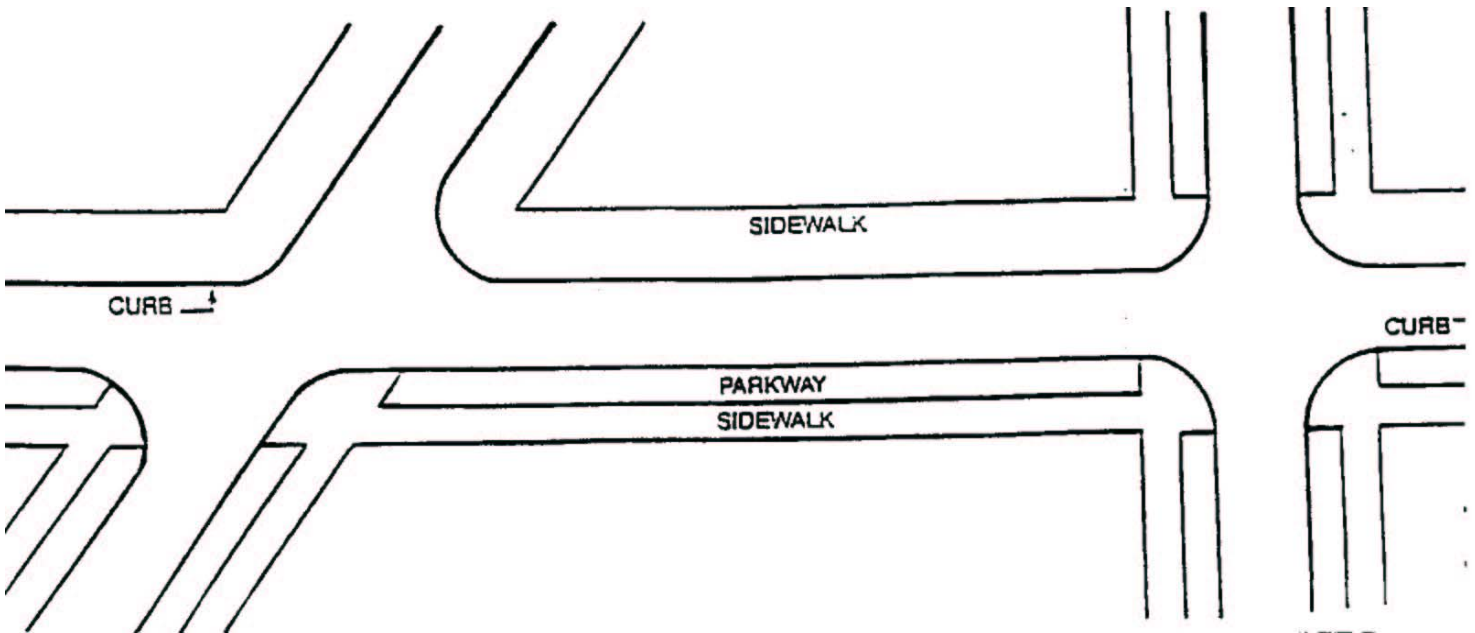
Name Address Phone
Name Address Phone
Name Address Phone

DOCTORS and HOSPITALS:

Hospital Address Date Hospitalized:
Doctor Address Date of Treatment
Doctor Address Date of Treatment

READ CAREFULLY

For all accident claims place on following diagram the 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 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: CLAIMS MUST BE FILED WITH CITY CLERK (Gov. Code Sec 915a) Presentation of a false claim is a felony (Pen Code Sec 72)