

FILE WITH:
City of Culver City
City Clerk's Office
P. O. Box 507
9770 Culver Boulevard
CULVER CITY, CA 90232-0507

**CITY OF CULVER CITY
CLAIM FOR DAMAGES
TO PERSON OR PROPERTY**

RESERVED FOR FILING STAMP

INSTRUCTIONS

1. Claims for death, injury to person or damage to personal property must be delivered personally to the City Clerk's Office or postmarked and addressed to the City Clerk's Office not later than six months after the date of the occurrence. (Gov. Code Sec. 911.2.).
2. Claims for damages to real property must be delivered personally to the City Clerk's Office or postmarked and addressed to the City Clerk's Office not later than 1 year after the date of 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.

***SSN Is Required
By Federal
Government In
All Claims For
Personal Injury.**

PLEASE SIGN EACH SHEET

Name of Claimant:	Date of Birth of Claimant
Home Address of Claimant, (City, State and Zip Code):	Home Telephone Number:
Business Address of Claimant, (City State and Zip Code)	Business Telephone Number:
Give address and telephone number you desire notices sent regarding claim. Include City, State and Zip Code	*Claimant's Social Security Number -- --

When did DAMAGE or INJURY Occur? _____ Names of any City employees involved: _____
Date: _____ Time: _____

Where did DAMAGE or INJURY occur? Describe fully and locate on diagram on reverse side of this sheet. Where appropriate, give street name and address and measurements from landmarks:

Describe in detail how the DAMAGE or INJURY occurred:

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 each INJURY or DAMAGE.

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

Damages incurred to date (exact):	\$ _____	Estimated future damages, (if any):	
Damages to property	\$ _____	Future expenses for medical and hospital care	\$ _____
Expenses for medical care (if any)	\$ _____	Future general damages	\$ _____
		Total estimate future damages:	\$ _____
General damages	\$ _____		
Total damages incurred to date	\$ _____		

Total amount claimed as of the date of presentation of this claim \$ _____

Was damage and/or injury investigated by police? _____ If so, what city? _____ Police Report # (if any) _____

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 and telephone number of person known to have information:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

DOCTORS and HOSPITALS:

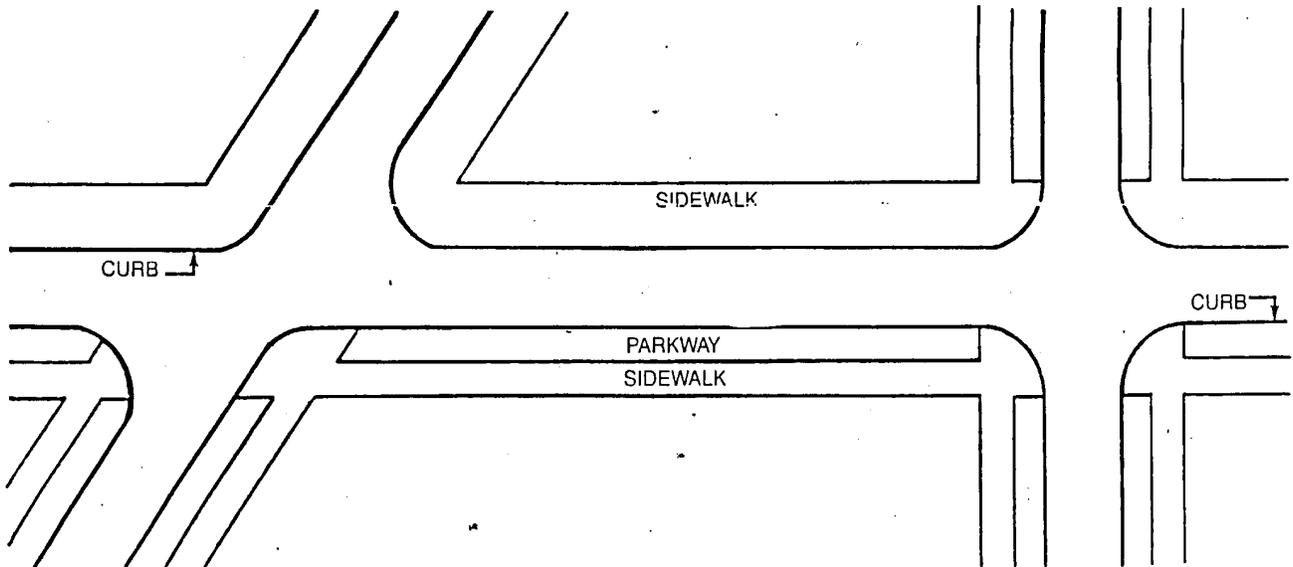
Hospital _____ Address _____ Date Hospitalized _____

Doctor _____ Address _____ Date of Treatment _____

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 diagrams below do not fit the situation, attach 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.) The amount claimed, as of the date of presentation of this claim, is computed as follows: