

CITY OF LAGUNA HILLS

CLAIM FOR DAMAGES To Person or Property

Reserve for Date Stamp

Claim No. _____

Received by _____

Via: U.S. Mail _____
Hand Delivered _____

1. Claims for death or injury to person or to personal property must be filed not later than six months after the occurrence (Government Code Section 911.2). Be sure your claim is against the City of Laguna Hills, not another public entity.
 2. Claims for damages to real property must be filed not later than one year after the occurrence (Government Code Section 911.2).
 3. Read the entire claim before filing.
 4. See page four for the diagram upon which to locate the place of the accident.
 5. This claim form must be signed on page three at the bottom.
 6. Attach separate sheets, if necessary, to give full details. SIGN EACH SHEET.
 7. Claims must be filed with the City Clerk (Government Code Section 915a).
-

THE UNDERSIGNED RESPECTFULLY SUBMITS THE FOLLOWING CLAIM AND INFORMATION RELATIVE TO DAMAGE TO PERSONS AND/OR PERSONAL PROPERTY PURSUANT TO THE PROVISIONS OF SECTIONS 900 THROUGH 915.2 OF THE GOVERNMENT CODE:

Completed claims must be mailed or delivered to:

City of Laguna Hills
City Clerk
24035 El Toro Road
Laguna Hills, CA 92653

CLAIMANT INFORMATION

Name: _____

Address: _____

Phone: Daytime () _____

Evening () _____

1. Name, telephone number, and address to which claimant desires notices to be sent, if other than above:

2. **WHEN** did damage or injury occur? (Give exact date and hour)

3. **WHERE** did damage or injury occur? (State specific location and locate on diagram on page four, where appropriate. Give street names and addresses and measurements from landmarks.)

4. **HOW** did damage or injury occur? (Give full details)

5. What particular act or omission by the City, or its employees, caused the alleged damage or injury?

6. Give a description of the injury, property damage, or loss, so far as is known at the time of filing this claim. If there were no injuries, state, "No injuries."

7. Give the name(s) of the City employee(s) causing the damage or injury:

8. Give names and addresses of any other persons injured:

9. Give names and addresses of owners of any damaged property:

10. Give names and addresses of all witnesses, hospitals, doctors, etc.:

11. Damages claimed:

a. Amount claimed as of this date: \$ _____

b. Estimated amount of future costs \$ _____

c. Total amount claimed: \$ _____

d. Basis for computation of amounts claimed (include copies of **all** bills, invoices, estimates, etc.):

12. Expenditures made on account of accident or injury: (Date – Item)

13. Insurance payments received, if any, and name(s) of Insurance Company(ies):

14. Any additional information that might be helpful in considering this claim:

I HAVE READ THE MATTERS AND STATEMENTS MADE IN THE ABOVE CLAIM AND KNOW THE SAME TO BE TRUE OF MY OWN KNOWLEDGE, EXCEPT AS TO THOSE MATTERS STATED UPON INFORMATION OR BELIEF AND AS TO SUCH MATTERS I BELIEVE THAT SAME TO BE TRUE. I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signed this _____ day of _____ 20____, at _____,

(City)

(State)

Claimant's Signature

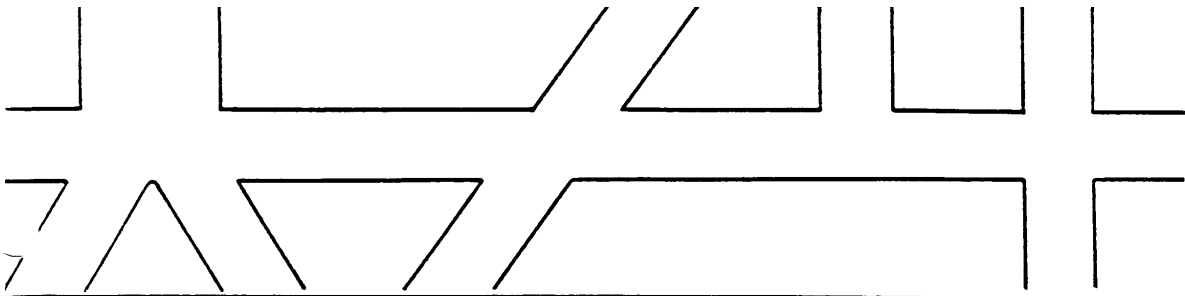
READ CAREFULLY

For all accident claims, place on the 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.

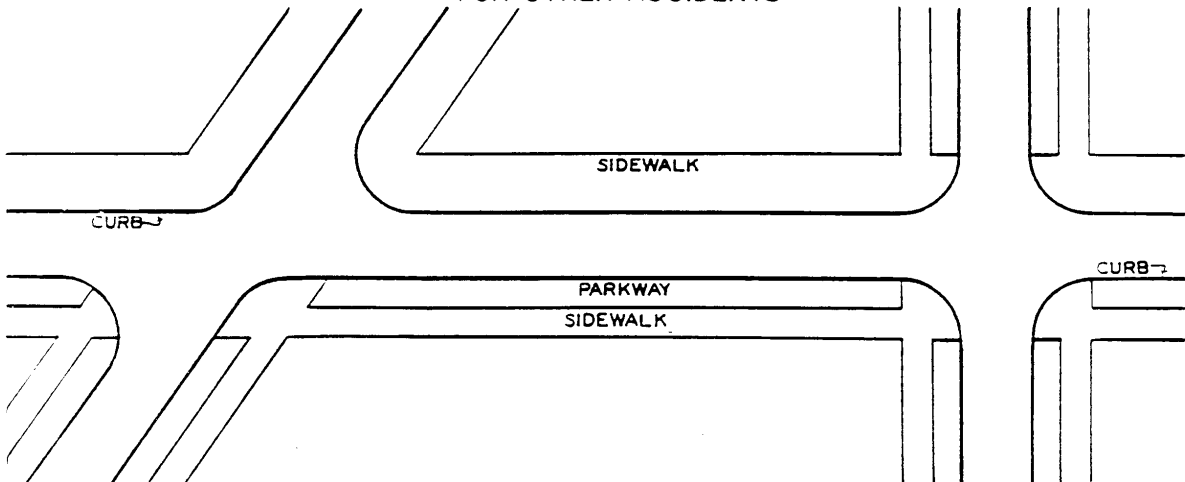
If a City vehicle was involved, designate with the letter "A" the location of the City vehicle when you first saw it, and with the letter "B" the location of you or your vehicle when you first saw the City vehicle. Designate with "A-1" the location of the City vehicle at the time of the accident, and designate your location or the location of your vehicle at the time of the accident with "B-1". Designate the point of impact with an "X."

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

FOR AUTOMOBILE ACCIDENTS



FOR OTHER ACCIDENTS



Signature of Claimant or
Person filing on his behalf,
Giving relationship to
Claimant

Typed Name

Date