

# CITY OF LAKE FOREST

FILE WITH:  
CITY CLERK'S OFFICE  
100 CIVIC CENTER DRIVE  
LAKE FOREST, CA 92630

## CLAIM FOR DAMAGES TO PERSON OR PROPERTY

RESERVE FOR FILING STAMP  
CLAIM NO. \_\_\_\_\_

### INSTRUCTIONS

1. Claims for death, injury to person or to personal property must be filed not later than six months after the occurrence. (Gov. 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 give full details. SIGN EACH SHEET

TO: CITY OF LAKE FOREST ATTN: CITY CLERK 100 CIVIC CENTER DRIVE, LAKE FOREST, CA 92630		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:		Claimant's Social Security No.
When did DAMAGE or INJURY occur? Date _____ Time _____		Names of any City employees involved in INJURY or DAMAGE

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

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:

Damages incurred to date (exact):

Damage to property	\$ _____	Estimated prospective damages as far as known:	
Expenses for medical and hospital care	\$ _____	Future expenses for medical and hospital care	\$ _____
Loss of earnings	\$ _____	Future loss of earnings	\$ _____
Special damages	\$ _____	Other prospective special damages	\$ _____
General damages	\$ _____	Prospective general damages	\$ _____
Total damages incurred to date	\$ _____	Total estimate prospective damages	\$ _____
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.

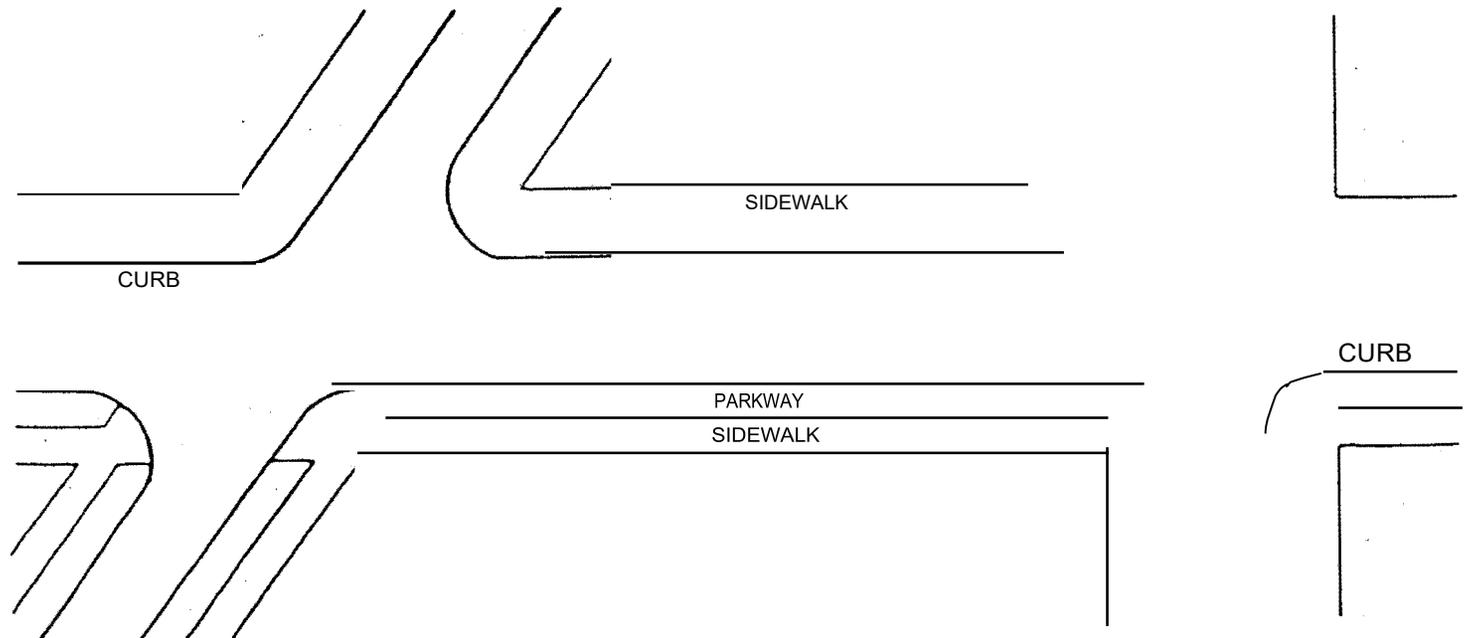
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

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 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 or Printed Name:	Date:
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NOTE: CLAIMS MUST BE FILED WITH CITY CLERK (Gov. Code Sec. 915a). Presentation of a false claim is a felony (Pen. Code Sec. 72.)