CLAIM FOR DAMAGES TO PERSON OR PROPERTY

INSTRUCTIONS

1. Claims for death, injury to person or to personal property must be filed no later than six months after occurrence. Claims for damage to real property must be filed no later than one year after the occurrence (Gov. Code Sec. 911.2).
2. Read entire claim before filing.
3. This is a two-page claim form. Page 2 is on the reverse side of this sheet.
4. This claim form must be signed by the claimant on page 2 (reverse side) at the bottom.
5. Attach separate sheets, if necessary, to give full details. SIGN EACH SHEET.
6. Please either type or print clearly.
7. Please file ORIGINAL claim form with City of Monterey Auditor, 735 Pacific St., Suite A, Monterey, CA 93940 (831) 646-3948 (Gov. Code Sec. 910).
8. Presentation of a false claim is a felony (Pen. Code Sec. 72).
9. Asterisk (*) denotes required information per Gov. Code Sec. 910.
10. Asterisks (**) denote required information for bodily injury claims for compliance with federal law, Center for Medicare and Medicaid Services reporting.

RESERVE FOR FILING STAMP

CLAIM #

*Name of Claimant:

FIRST MI LAST

*WHEN did damage/injury occur?
Date:

Time: am pm

*Address of Claimant:

**Claimant:
☐ Female ☐ Male

Name(s) of City employees involved:

Home Phone:

Business Phone:

Name(s) of witnesses if known:
_____ phone:_____
_____ phone:_____

Claimant's Business Address:

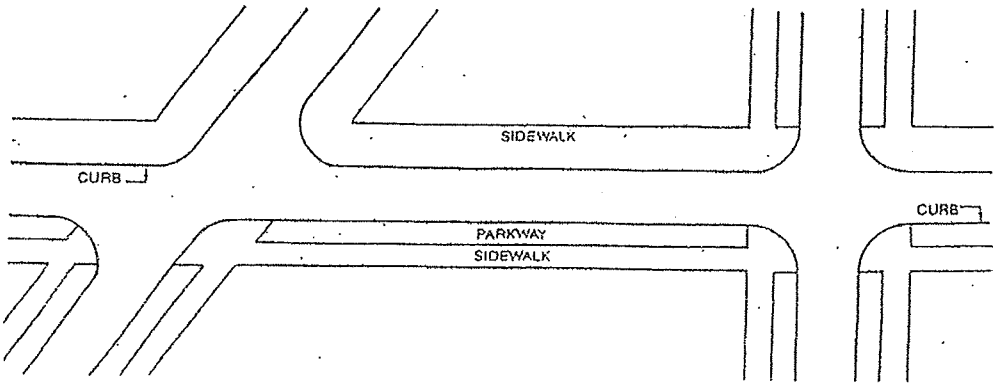
*Address and phone number to which you desire notices or communications sent regarding this claim:

Police report # if known:

*WHERE did damage/injury occur? Describe location fully. Where appropriate, give street names, addresses, and measurements from landmarks in order to clearly identify the location. Provide photos, maps, and/or any other documents that identify the location. A diagram is provided below for your use if desired.

READ CAREFULLY

Place on the following diagram, names of streets. Indicate North, South, East and West directions. Indicate place of incident by "X". Show addresses, landmarks and/or distance measurements to precisely indicate the location. If a City vehicle was involved, designate by letter "A" the location of the City vehicle when you first saw it, and "B" the location of yourself or your vehicle when you first saw the City vehicle. Indicate the location of the City vehicle at the time of the accident by "A-1", the location of yourself or your vehicle at the time of the accident by "B-1", and the point of impact by "X". If this diagram does not fit the situation, you may attach another printed or hand drawn diagram, signed by the claimant, to this form.



*Describe, in detail, HOW the damages or injury occurred. Include a description of the NATURE and EXTENT of the damages or injury. Include photos and any other documentation that substantiates how the damages occurred and/or the nature and extent of the damages or injury. Include a statement describing why you think the City of Monterey is responsible for your damages.

*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:	
Damage to property.....	$_____	Future expenses for medical & hospital care.....	$_____
Expenses for medical & hospital care.....	$_____	Future loss of earnings.....	$_____
Loss of earnings.....	$_____	Other prospective special damages.....	$_____
Special damages for.....	$_____	Prospective general damages.....	$_____
General damages.....	$_____	Total estimate prospective damages.....	$_____
Total damages incurred to date.....	$_____		

Total amount claimed as of date of presentation of this claim..... $_____

I declare under penalty of perjury under the laws of the State of California that the following information is true and correct and that this

declaration was executed on _____, 20_____, at _____, California.

Signature of Claimant or person filing on his or her behalf:_____

Relationship to Claimant:_____.