Reserved for filing Stamp
Claim No.

CLAIM FOR DAMAGES
TO PERSON OR PROPERTY

1. Claims for death, injury to person or to personal property must be filed not later than six (6) months after the occurrence. (Gov. Code 911.2)
2. Claims for damages to real property must be filed not later than one (1) year after occurrence. (Gov. Code Sec. 911.2)
3. Read entire claim before filing.
4. Use blank space on back if diagram is necessary.
5. This claim form must be signed and dated.
6. Attach separate sheets, if necessary, to give full details (SIGN AND DATE EACH SHEET)
7. Claim must be filed with the City Clerk (Gov. Code 915a)
8. Additional documentation submitted with claim becomes a permanent part of the record.

To: CITY OF CHINO HILLS
CITY CLERK
14000 City Center Drive
Chino Hills, CA 91709

Name of Claimant

Age of Claimant (if natural person)

Home Address of Claimant

City and State

Home Phone

Business Address of Claimant

City and State

Business Phone

Give address to which you desire notices or communications to be sent regarding this claim.

How did DAMAGE or INJURY occur? Give full particulars.

When did DAMAGE or INJURY OCCUR? Give full particulars, date, time of day.

Where did DAMAGE or INJURY occur? Describe fully and where appropriate, give street names and addresses. If diagram is provided in blank space on back of form, indicate measurements from landmarks.

Revised 2/10

What particular ACT or OMISSION do you claim caused the injury or damage? Give names of City employees causing the injury or damage, if known.

What DAMAGE or INJURIES do you claim resulted? Give full extent of injuries or damages claimed.

What AMOUNT do you claim as result of each injury or item damaged as of date of presentation of this claim. Give basis of computation.

Give ESTIMATED AMOUNT of your claim for personal, personal property, and/or real property damages. Give basis of computation:

Insurance payments received, if any, and name of Insurance Company.

Expenditures incurred as result of accident or injury. (Date – Item)

Name and address of Witnesses, Doctors and Hospitals.

READ CAREFULLY

For all accident claims indicate below names of streets, including North, East, South, and West and indicate by "X" and by showing house numbers or distances to street corners.

If a City vehicle was involved, designate by letter "A", location of City vehicle when you first saw it, and by letter "B", location of yourself or your vehicle when you first saw the City vehicle. Also indicate the location of City vehicle at the time of the 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".

Signature of Claimant or person filing on his/her behalf, giving relationship to Claimant.	Type/Print Name	Date

CLAIMS MUST BE FILED WITH THE CITY CLERK
(Gov. Code Section 915a)