CLAIM FOR DAMAGES
TO PERSON OR PROPERTY

INSTRUCTIONS

1. Claims for death, injury to person or to personal property must be filed not later than 6 mos. After the occurrence. *(Gov. Code 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 before filing.
4. See page 2 for diagram upon which to locate the place of accident.
5. This claim form must be signed on page 2 at the bottom.
6. Attach separate sheets, if necessary, to give full details. SIGN EACH SHEET.
7. Claim must be filed with City Clerk. *(Gov. Code Sec. 915a)*

Reserve for Filing Stamp

Claim No. _____

Claim Type: ☐ Death ☐ Injury ☐ Personal Property ☐ Real Property

To: **THE CITY OF NEEDLES**

Name of Claimant:		Age of Claimant:
☐ Home Address of Claimant:	City, State & Zip	Home Telephone Number
☐ Business Address of Claimant:	City, State & Zip	Business Telephone Number

☒ *Mark the box next to the address 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 locate on diagram on reverse side of this sheet, where appropriate, give street names and addresses and measurements from landmarks:

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 AMOUNT do you claim on account of each item of injury or damage as of date of presentation of this claim, giving basis of computation:

THIS CLAIM MUST BE SIGNED ON REVERSE SIDE

Give ESTIMATED AMOUNT as far as known you claim on account of each item of prospective injury or damage, giving basis of computation:

Insurance payments received, if any, and names of Insurance Company:

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

Name and address of Witnesses, Doctors and Hospitals:

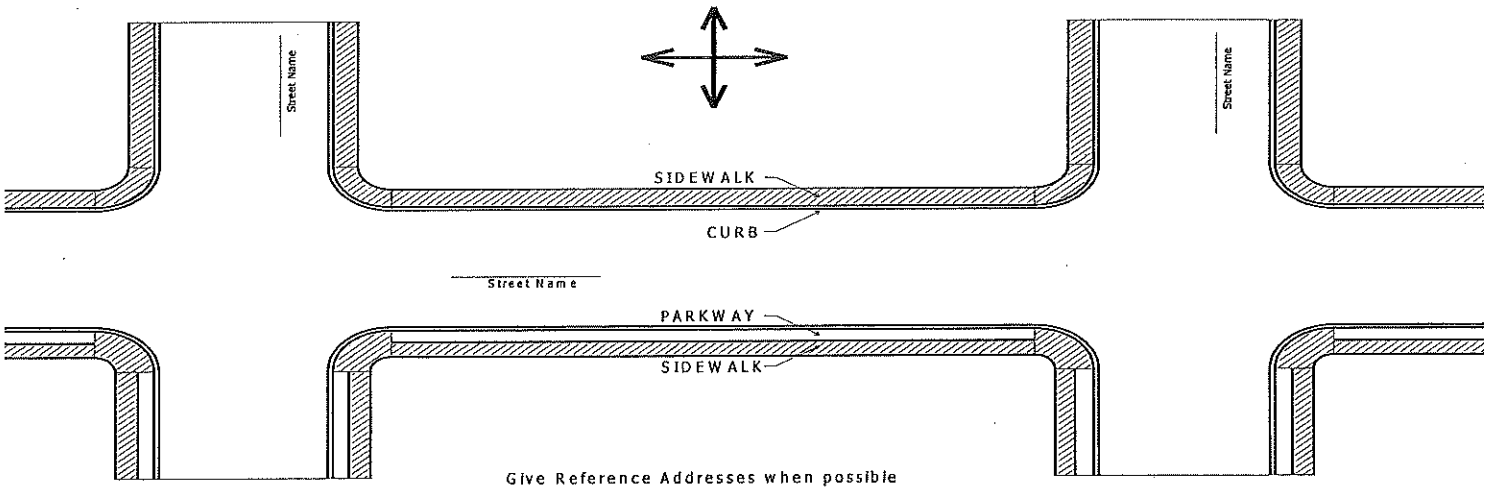
READ CAREFULLY

For all accident claims place on the 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 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.

FOR AUTOMOBILE ACCIDENTS

FOR OTHER ACCIDENTS



Signature of Claimant *or person filling on his behalf giving relationship to Claimant:*	Print Name	Date

CLAIMS MUST BE FILLED WITH CITY CLERK (GOV. CODE SEC. 915a.