



City of San Buenaventura

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

FILE WITH: City Clerk's Office, P.O. Box 99, Ventura, CA 93002-0099

Instructions

1. Claims for death, injury to person, or damage to personal property or growing crops must be filed no later than six months after the occurrence. (Gov. Code Sec. 911.2.)
2. Claims for damages to real property must be filed no later than one year after the occurrence. (Gov. Code Sec. 911.2.)
3. Read entire claim form before filing.
4. See page 3 for diagram upon which to locate place of accident.
5. This claim form must be signed on page 3 at bottom.
6. Attach separate sheets, if necessary, to give full detail. SIGN EACH SHEET.

RESERVE FOR FILING STAMP

CLAIM NO. _____

To: **City of San Buenaventura**

Name of Claimant	Claimant Social Security No.	Date of Birth
Home Address of Claimant	City, State & Zip	Home Telephone Number

Is the claim filed on behalf of a minor? Yes No

If yes, please state relationship to the minor _____ Minor's Date of Birth _____

When did DAMAGE or INJURY occur? Date _____ Time _____	Names of any City employee(s) involved in DAMAGE or INJURY.
---	---

When did the incident or event that caused the damage or injury occur, if different from date of damage or injury?

Date: _____

When did you discover the damage or injury, if the discovery date is different from the actual date of damage or injury?

Date: _____

If this claim is for equitable indemnity, give date claimant was served with the complaint.

Date: _____

Where did damage or injury occur? If applicable, include street address, city/county, and direction of travel if car accident.

Describe the specific damage or injury incurred as a result of the incident.

Explain the circumstances that led to the alleged damage or injury. State all facts that support your claim against the City and why you believe the City is responsible for the damage or injury. If known, provide the name(s) of the City employee(s) who allegedly caused the damage or injury.

The amount claimed, as of the date of presentation of this claim, is computed as follows:

Damages incurred to date (exact):

Damage to property\$ _____
Expenses for medical and hospital care ...\$ _____
Loss of earnings\$ _____
Special damages for\$ _____
General damages for\$ _____
Total damages incurred to date\$ _____

Estimated prospective damages as far as known:

Future expenses for medical and hospital care..... \$ _____
Future loss of earnings \$ _____
Other prospective special damages \$ _____
Prospective general damages..... \$ _____
Total estimate prospective damages: \$ _____

Total amount claimed as of date of presentation of this claim: \$ _____

NOTE: If this claim exceeds \$10,000:

- Indicate if greater than \$25,000
- Or less than \$25,000

INSURANCE INFORMATION: (must be completed if claim involved a motor vehicle)

- Do you have automobile insurance? Yes No
- Has claim been filed or will a claim be filed with your insurance company? Yes No
- Name of your insurance company _____
- Policy number _____
- Insurance company's mailing address and telephone number (include area code) _____
- Amount of deductible _____
- Are you the registered owner? Yes No
If no, who is? _____
- Make of vehicle _____ Model _____ Year _____

Was damage and/or injury investigated by police? _____ If so, name officer(s) involved _____

Were paramedics or ambulance called? _____ If so, name of the company _____

If injured, state date, time, name and address of doctor of your first doctor visit _____

WITNESSES to DAMAGE or INJURY: List all persons and addresses of persons known to have information:

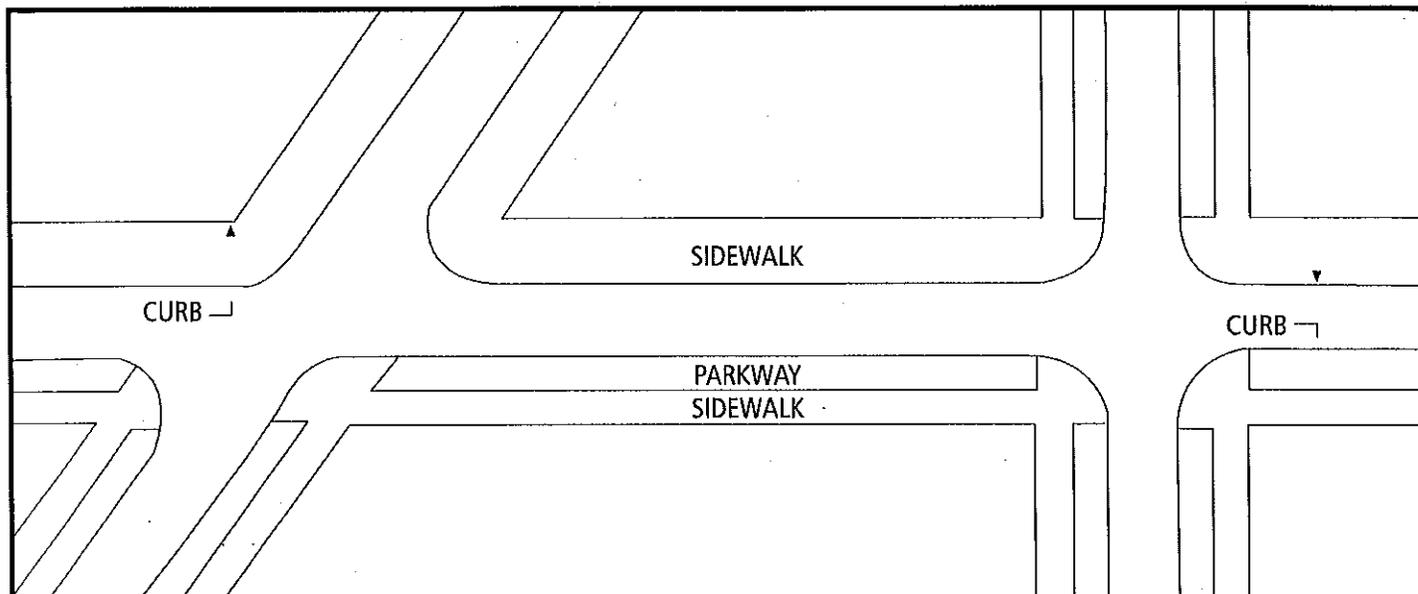
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

DOCTORS or HOSPITALS:

Doctor _____ Address _____ Date Visited _____
Doctor _____ Address _____ Date Visited _____

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 showing house numbers or distances to street corners. If another vehicle was involved, designate by letter "A" location of other vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw other vehicle; location of other 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 a proper diagram signed by claimant.



Signature of Claimant or person filing on his/her behalf giving relationship to Claimant:

Typed or Printed Name:

Date:

Representative Information (must be completed, if an attorney or authorized representative files the claim)

Name of Attorney/Representative: _____ Telephone No. (include area code): _____

Mailing Address: _____

IMPORTANT INFORMATION:

- This claim must be signed by the claimant or his/her authorized representative.
- Claims must be filed with City Clerk (Govt. Code Sec. 915a). Presentation of false claim is a felony (Penal Code Sec. 72).

In compliance with the Americans with Disabilities Act, this document is available in alternate formats by contacting the City Clerk's Office at (805) 658-4787 or through the California Relay Service.