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 (6) months** after the occurrence (Gov. Code Sec. 911.2).
2. Claims for damages to real property must be filed no later than **One (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 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.
7. Claim must be filed with City Clerk. (Gov. Code Sec. 915a).

To: City of Duarte, c/o City Claims, 1600 Huntington Drive, Duarte, California 91010

Name of Claimant:

Age of Claimant (if natural person)

Home Address of Claimant: City, State and Zip Code

Home Telephone Number

Business Address of Claimant: City, State and Zip Code

Business Telephone Number

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 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 DAMAGE or INJURIES do you claim resulted? Give full extent of injuries or damage claimed:

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:

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

SEE PAGE 2 (OVER)

THIS CLAIM MUST BE SIGNED ON REVERSE SIDE

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

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

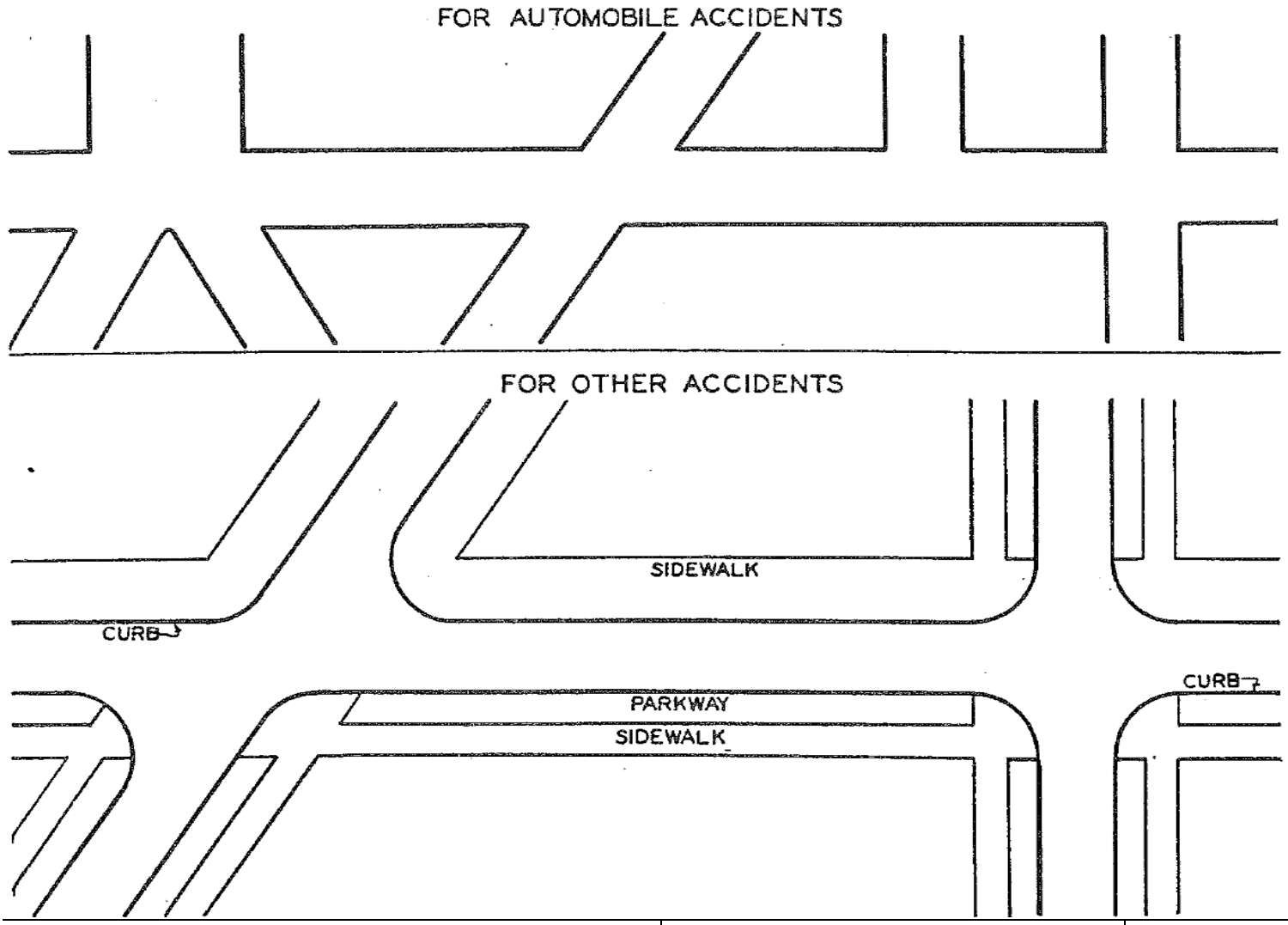
Name and address of Witnesses, Doctors and Hospitals:

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:	Type Name:	Date

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