



CLAIM FOR DAMAGES FORM

City of Pico Rivera

INSTRUCTIONS PLEASE READ FURTHER CLAIM INSTRUCTIONS ON OTHER SIDE OF THIS FORM

1. Read entire claim form before filing.
2. Claims must be filed with the City Clerk's Office (Gov. Code Sec. 915 (a)).
3. The reverse side of this form and each attached sheet must be signed.
4. A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented as provided in Gov. Code Sec. 915 et. seq. not later than six (6) months after the accrual of the cause of action. (Gov. Code Sec. 911.2).
5. A claim relating to any other cause of action (not specified in number 4, above) must be filed not later than one (1) year after the accrual of the cause of action. (Gov. Code Sec. 911.2).

FOR OFFICIAL USE ONLY

Name of Claimant _____
First Name Middle Initial Last Name

Home Address _____
Address City State Zip

Date of Birth _____ Social Security # _____ CA Driver's License # _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

TYPE OF LOSS

Personal Injury Property Damage Indemnity - Date Complaint Served _____ Police Report # _____

Other (Specify) _____

When did injury or damage occur? _____
(Month/Day/Year) (Day of Week) (Time - AM/PM)

Where did injury or damage occur? _____
(Street Address/Intersecting Streets/Other Location)

How did injury or damage occur? _____
(Describe accident or occurrence)

What action or inaction of City employee(s) caused your injury or damage? _____

What injury or damage did you suffer? _____

NAME OF ANY WITNESSES

(Name) (Address) (Phone Number)

(Name) (Address) (Phone Number)

Name of City/Town in which employees were involved? _____

Is Total Amount of Claim Greater than \$10,000? YES NO If YES, is this a Limited Civil Case? YES NO

If NO, state the amount claimed? Personal injury \$ _____ Property Damage \$ _____ Other \$ _____

NOTE: PLEASE ATTACH COPIES OF SUPPORTING DOCUMENTATION FOR THE AMOUNTS CLAIMED.

Please Turn Over To Finish Form

CLAIM FOR DAMAGES FORM continued

If claim relates to an automobile accident, please answer the following and ATTACH PROOF OF INSURANCE

Please check here if there was no insurance coverage in effect at the time of the incident

Insurance Policy # _____

Insurance Company _____

Insurance Broker/Agent _____

Address _____

Phone _____

ALL NOTICES AND/OR COMMUNICATIONS SHOULD BE SENT TO:

Name (Mr./Mrs./Ms.) _____
First Name Middle Initial Last Name

Home Address _____
Address City State Zip

Daytime Phone _____ Evening Phone _____ Cell Phone _____

Warning: California State Law generally requires that most claims against a public entity, such as the **City of Pico Rivera**, be presented within **SIX (6) MONTHS** from the date of the action or incident giving rise to the claim. Certain other claims must be filed within **ONE (1) YEAR** from the action or incident. You should check the Government Code to determine what presentation period applies in your case.

Signature Relationship (self, attorney, guardian, etc.) Date

CLAIM AGAINST THE CITY OF PICO RIVERA

INSTRUCTIONS

Claim against **the City of Pico Rivera**. The original and one identical copy of this form, together with one copy of all attachments, are to be filed with the **City Clerk's Office**. Retain one copy for your records. Please send to this address:

City of Pico Rivera
6615 Passons Blvd.
Pico Rivera, CA 90660

NOTICE: The **City Clerk's Office** is the **ONLY** office to which claims may be submitted. Claims are **NOT** to be sent to the City Attorney or any other City Department.

Please fill out this claim form completely. Additional sheets may be attached if more space is needed. Missing information may delay the processing of your claim. Please print.

PROCEDURES

Claims received by **the City Clerk's Office** are forwarded to the **Carl Warren's** Claims Administrator. All claimants are then notified that action will be taken within 45 days, or otherwise notified as to the claim itself.

If recommended for denial by the City Manager or his designee, your claim may be submitted to the **City Council** for final, official rejection. You will be sent a letter from the **City Clerk**, or her designee, notifying you of the action taken and of any further action necessary or available to you.

... ALL CLAIMS ARE PUBLIC RECORD ...