

FILE WITH:  
CITY CLERK'S OFFICE  
4455 W. 126<sup>th</sup> Street  
Hawthorne, CA 90250  
(310) 349-2915

CITY OF HAWTHORNE  
**CLAIM FOR DAMAGES**

TO PERSON OR PROPERTY

FOR OFFICE USE ONLY

**INSTRUCTIONS**

1. Claims for death, injury to person or to personal property must be filed not later than six months after the occurrence. (Gov. Code Sec. 911.2.)
2. Claims for damages to real property must be filed not later than one year after the occurrence. (Gov. Code Sec. 911.2.)
3. Read entire claim form 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.

CLAIM NO.: \_\_\_\_\_

TO: **CITY OF HAWTHORNE**

Date of Birth of Claimant

Name of Claimant

Occupation of Claimant

Home Address of Claimant

City and State

Home Telephone Number

Business Address of Claimant

City and State

Business Telephone Number

Give address and telephone number to which you desire notices or communications to be sent regarding this claim

Claimant's Cell No.

When did DAMAGE or INJURY occur?

Names of any city employees involved in INJURY or DAMAGE

Date \_\_\_\_\_ Time \_\_\_\_\_  
If claim is for Equitable Indemnity, give date claimant served with the complaint:

Date \_\_\_\_\_

Where did DAMAGE or INJURY occur? Describe fully, and locate on diagram on reverse side of this sheet. Where appropriate, give street names and address and measurements from landmarks:

Describe in detail how the DAMAGE or INJURY occurred.

Why do you claim the City is responsible?

Describe in detail each INJURY or DAMAGE.

**If vehicle tow provide vehicle license plate number and Vehicle Identification Number (VIN).**

SEE PAGE 2 (OVER)

THIS CLAIM MUST BE SIGNED ON REVERSE SIDE

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 ..... \$ \_\_\_\_\_  
 Total damages incurred to date ..... \$ \_\_\_\_\_

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

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 ..... \$ \_\_\_\_\_

\$ \_\_\_\_\_

Was damage and/or injury investigated by police? \_\_\_\_\_ If so, what City? \_\_\_\_\_

Were paramedics or ambulance called? \_\_\_\_\_ If so, name City or ambulance \_\_\_\_\_

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

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

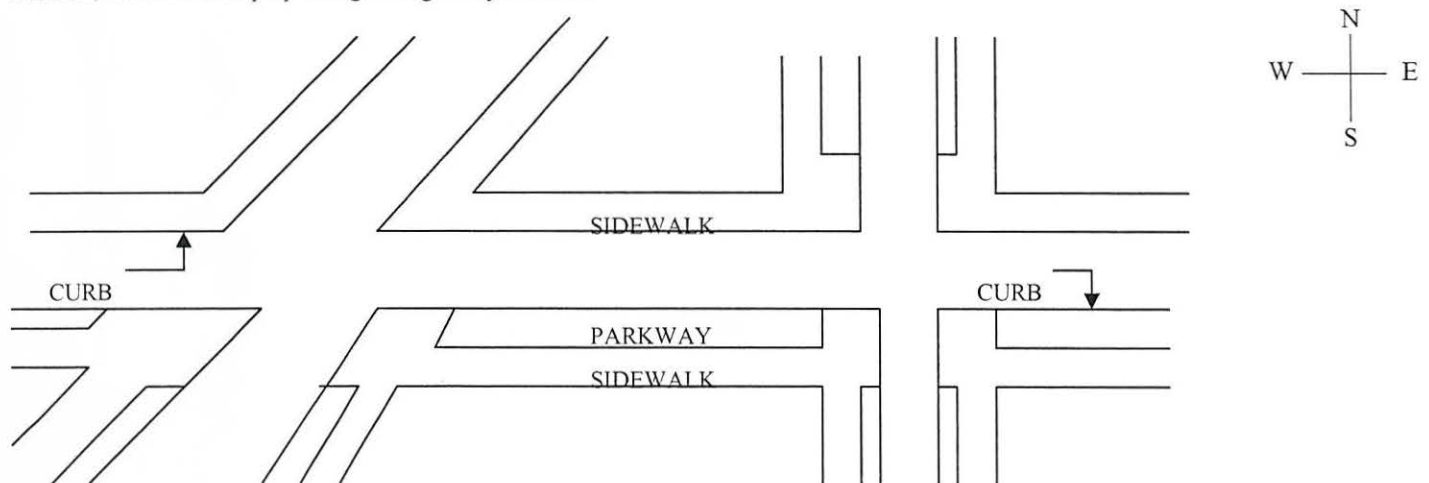
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

DOCTORS and HOSPITALS:

Hospital \_\_\_\_\_ Address \_\_\_\_\_ Date Hospitalized \_\_\_\_\_  
 Doctor \_\_\_\_\_ Address \_\_\_\_\_ Date of Treatment \_\_\_\_\_  
 Doctor \_\_\_\_\_ Address \_\_\_\_\_ Date of Treatment \_\_\_\_\_

**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:	Typed Name:	Date:
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NOTE: CLAIMS MUST BE FILED WITH CITY CLERK (Gov. Code Sec. 915a). Presentation of a false claim is a felony (Pen. Code Sec. 72.)