

**CLAIM FOR DAMAGES
TO PERSON OR PROPERTY**

Reserve for filing stamp

File with:
City Clerk's Office
12700 Norwalk Blvd. P.O. Box 1030 Norwalk, CA. 90651-1030

INSTRUCTIONS

1. Claims for death, injury to a person or to personal property must be filed not later than six months after the occurrence (Gov Code §911.2)
2. Claims for damages to real property must be filed not later than 1 year after occurrence. (Gov Code §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 the bottom
6. Attach separate sheets, if necessary, to give full details. **SIGN EACH SHEET**

To: **CITY OF NORWALK**

Today's Date:

Name of Claimant:

Occupation:

Home Address:

Home Phone:

Mailing Address (if different from above):

Cell Phone:

Email Address:

Address and Telephone number to which you desire notice or communications to be sent regarding this claim:

When did damage or injury occur: **Date:** _____ **Time:** _____

Name(s) of any City of Norwalk employees involved in damage or injury:

Where did damage or injury occur? Please describe fully and locate on diagram on reverse side of this sheet. Where appropriate please provide street names 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:

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: \$ _____
Total Damages incurred to date:
 \$ _____

Estimated Future Damages:

\$ _____
 Total amount claimed as
 of Date of this claim \$ _____

Was damage and/or injury investigated by police? _____ If so, What City? _____

Where paramedics or ambulance called? _____ if so, name of City or ambulance company _____

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

Witnesses to damage or injury (list all names and addresses of persons known to have information):

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Doctors and Hospitals:

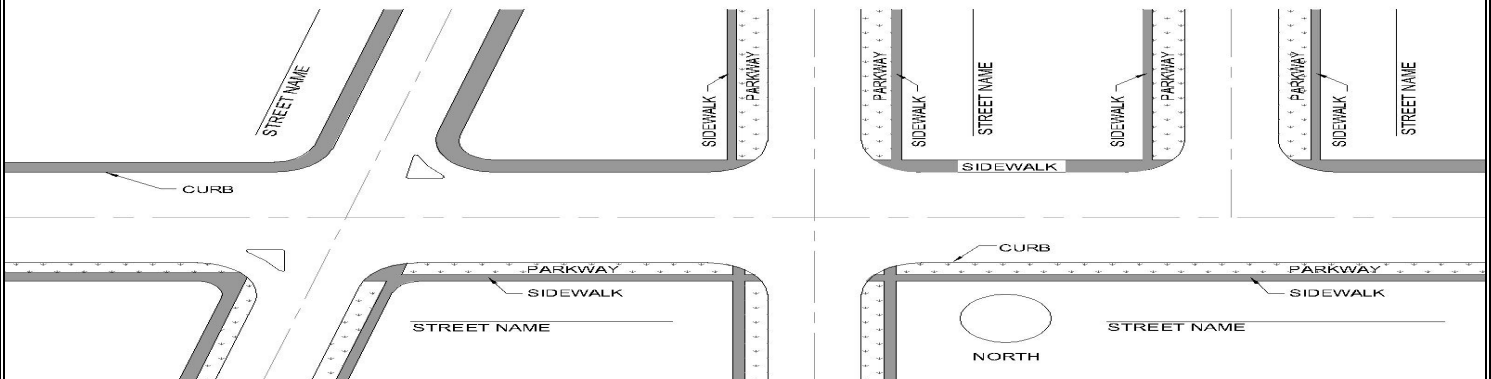
Hospital: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

READ CAREFULLY For all accident claims place on the following diagram: •Names of Streets (including North, East, South, and West) •Mark place of accident with an "X", and •Show 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; Mark location of City vehicle at the time of accident with "A-1" and your vehicle at the time of the accident by "B-1" and mark the point of impact with a "x".

NOTE: If diagram below does not fit the situation, sign and attach a separate diagram



| | | |
|-----------|-------------------------------------|------|
| Signature | Print Name/relationship to claimant | Date |
|-----------|-------------------------------------|------|

Signature of claimant or person filing on his behalf

NOTE: Claims must be filed with the City Clerk (Gov Code sec. 915a)
 Presentation of a false claim is a felony (Penal Code Sec 72)