



FILE WITH:
 CITY CLERK'S OFFICE
 P.O. BOX 660
 POMONA, CA 91769

City of Pomona

RESERVED FOR FILING STAMP

CLAIM FOR DAMAGES

TO PERSON OR PROPERTY

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. 911.21)
2. Claims for damages to real property must be filed not later than one (1) year after the occurrence. (Gov. Code Sec. 911.2.)
3. Read entire form before filling out.
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 Pomona

Date of Birth of Claimant:

Name of Claimant:

Occupation of Claimant:

Home Address of Claimant

City

State

Home Telephone Number:

Business Address of Claimant

City

State

Business Telephone Number:

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

Claimant's Social Security Number:

E-mail Address:

When did DAMAGE or INJURY occur? Date _____ Time _____
 If claim is for Equitable Indemnity, give date claimant served with the complain:

Names of any city employees involved in INJURY or DAMAGE:

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 addresses 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):		Estimated prospective damages as far as known:	
Damage to property	\$ _____	Future expenses for medical and hospital care	\$ _____
Expenses for medical and hospital care	\$ _____	Future loss of earnings	\$ _____
Loss of earnings	\$ _____	Other prospective special damages	\$ _____
Special damages for	\$ _____	Prospective general damages	\$ _____
General damages	\$ _____	Total estimated prospective damages	\$ _____
Total damages incurred to date	\$ _____		
Total amount claimed as of date of presentation of this claim: \$ _____			

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 known to have information:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

DOCTORS and HOSPITALS:

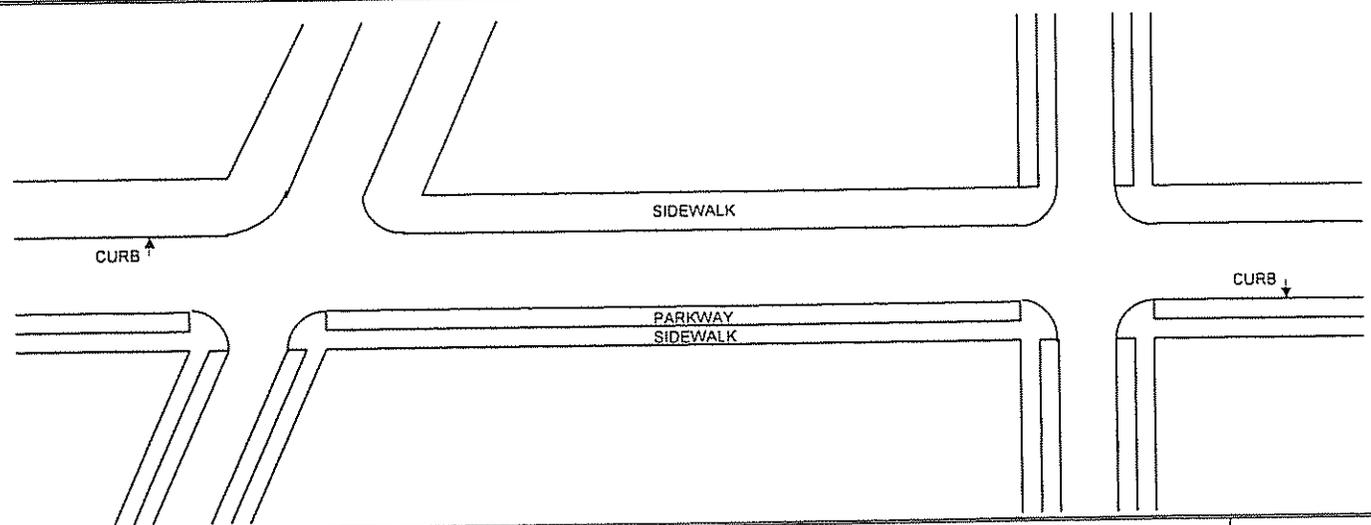
Hospital: _____ Address: _____ Date Hospitalized: _____

Doctor: _____ Address: _____ Date of Treatment: _____

Doctor: _____ Address: _____ Date of Treatment: _____

READ CAREFULLY

For all accident claims: Place on the following diagram the names of streets (Including North, East, South, and West). Indicate the place of accident with "X" and show house numbers and/or distances to street corners. If a City vehicle was involved, designate with the letter "A" the location of the City vehicle when you first saw it. Use "B" to designate the location of yourself or your vehicle at the time of the accident with "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 in his/her behalf giving relationship to Claimant:	Printed (Typed) Name:	Date:
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