



CLAIM FOR DAMAGES TO PERSON OR PROPERTY

FILE WITH: ADMINISTRATOR SERVICES OFFICE
6330 Pine Avenue Bell, CA 90201 (323) 588-6211

OFFICE USE ONLY:

Reserve for filing Stamp

Received: _____

Claim No. _____

INSTRUCTIONS:

1. Claims for death, injury to person or to personal property must be filed no later than six months after the occurrence.(Go v. Code Sec. 911.2.)
2. Claims for damages to real property must be filed no later than 1 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.

TO: CITY OF BELL**DATE:** _____

Name of Claimant: _____

Date of Birth of Claimant: _____

Claimant's Social Security No. : _____

Occupation of Claimant: _____

Home Address of Claimant: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: () _____

Business Address of Claimant: _____

City: _____ State: _____ Zip Code: _____

Business Telephone Number: () _____

When did Damage of Injury occur?

Date: _____ Time: _____

If claim is for Equitable Indemnity, give date claimant served with the claimant: _____

Employees involved in Injury or Damage:

Name: _____ Department: _____

Name: _____ Department: _____

Name: _____ Department: _____

Where did damage of 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 of 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:

Damages 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.....	\$ _____	Total estimate prospective damages.....	\$ _____

General damages..... \$ _____

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

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

WITNESSES TO DAMAGE OR INJURY

List all persons and addresses of persons known to have information:

Name: _____	Address: _____	Phone Number: () _____
Name: _____	Address: _____	Phone Number: () _____
Name: _____	Address: _____	Phone Number: () _____

Was damage and/or injury investigated by police? _____ If so, what city? _____

Were paramedics or ambulance called? _____ If so, name city or ambulance: _____

DOCTORS AND HOSPITALS

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

Hospital: _____	Address: _____	Date Hospitalized: _____
Doctor: _____	Address: _____	Date of Treatment: _____
Doctor: _____	Address: _____	Date of Treatment: _____

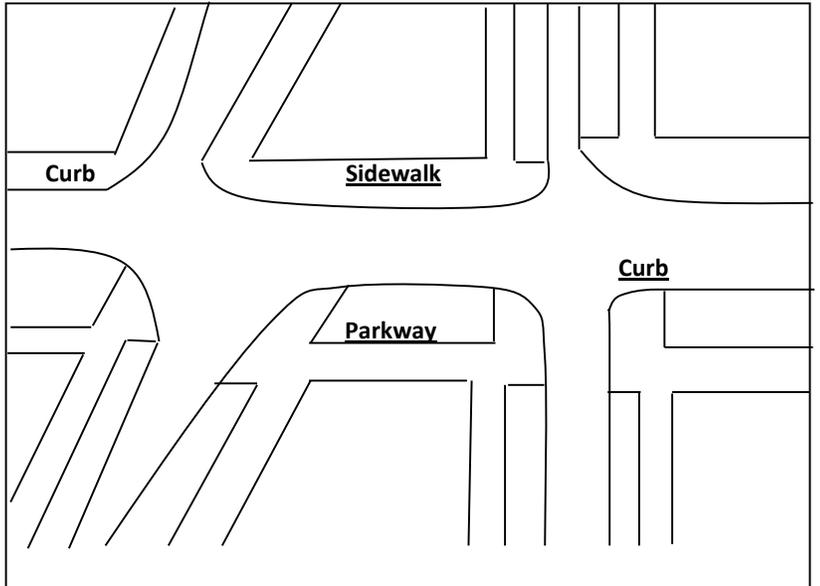
READ CAREFULLY

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.



Print Name

Signature of Claimant or person filing on his behalf giving relationships to claimant:

Date

Note: Claims must be filed with city clerk (Gov. Code Sec. 915a). Presentation of a false claim is a felony (Pen. Code Sec. 72.)