City of El Segundo 350 Main Street El Segundo, California 90245

CLAIM	NO.:	
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(310) 524-2307

INSTRUCTIONS

Claims for death, injury to person or to personal property must be filed not later than six months after the occurrence (Govt Code Sec. 911.2) Other claims for damages must be filed not later than one year after the occurrence (govt Code Sec. 911.2) Read the entire claim before filing Attach and sign additional supportive sheets if necessary The claim form must be signed and witnessed. This claim form must be signed and witnessed. This claim form must be signed and witnessed. This claim form must be filed with the Office of the Crity Clerk (Govt. Code Sec. 915a). TO CITY OF EL SEGUNDO, 350 MAIN STREET, EL SEGUNDO, CALIFORNIA 90245 Name of Claimant Home Address of Claimant Susiness Address of Claimant Phone Business Address of Claimant Phone Main Notices to Home Susiness Other Name and Address of Attorney (if any). Where did damage/injury occur? (Describe fully and locate on diagram on back, if appropriate). How did damage/injury occur? (Give full description). If the basis of liability is alleged to be an act or omission of a city officer or city employee, complete the following, if known Summe of Officer/employee Claimant's statement of the basis for such liability. What specific damages or injury do you claim resulted (Give full description). What specific sum do you claim on count of each item or injury or damage? (Include basis of computations) What specific sum do you claim on count of each item or injury or damage? (Include basis of computations) Names and addresses of witnesses, doctors and hospitalis Names and addresses of witnesses, doctors and hospitalis		<u> </u>	-							
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READ CAREFULLY

FOR ALL ACCIDENT CLAIMS, PLACE ON FOLLOWING DIAGRAM THE NAMES OF STREETS (INCLUDING NORTH, SOUTH, EAST AND WEST), INDICATE PLACE OF ACCIDENT WITH AN "X" AND BY SHOWING THE HOUSE NUMBERS OR DISTANCES TO THE STREET CORNERS

IF CITY VEHICLE WAS INVOLVED, DESIGNATE BY A LETTER "A" THE LOCATION OF THE CITY VEHICLE WHEN YOU FIRST SAW IT, AND BY THE LETTER "B" THE LOCATION OF YOURSELF OR YOUR VEHICLE WHEN YOU FIRST SAW THE CITY VEHICLE, THE LOCATION OF THE CITY VEHICLE AT THE TIME OF THE ACCIDENT BY "A-1", AND THE LOCATION OF YOURSELF OR YOUR VEHICLE AT THE TIME OF THE ACCIDENT BY "B-1", AND THE POINT OF IMPACT BY AN "X"

NOTE IF THE DIAGRAMS BELOW DO NOT FIT THE SITUATION, ATTACH A PROPER DIAGRAM SIGNED BY CLAIMANT

FOR AUTOMOBILE ACCIDENT FOR OTHER ACCIDENTS sidewalk DELKMAN .dewalk Signature of Witness to Claimant's signature Signature of Claimant Signature of Claimant Signature of Witness to Claimant's signature NOTE ALL CLAIMANTS MAY BE REQUIRED TO BE EXAMINED AS TO THEIR CLAIM UNDER OATH PRESENTATION OF FALSE CLAIM IS A FELONY (CA PENAL CODE SEC. 72) FOR OFFICE USE ONLY Filed in the Office of the City Clerk Date

Clerk or Deputy