File with:
City Clerk's Office
526 "C" Street
P. O. Box 150
Marysville, CA 95901

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

Reserve for Filing Stamp

Claim No. _____

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 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 MARYSVILLE

Name of Claimant | E-mail Address

Home Address of Claimant | City and State

Business Address of Claimant | City and State

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

Date of Birth of Claimant

Occupation of Claimant

Home Telephone Number

Business Telephone Number

Claimant's Social Security No.

When did DAMAGE or INJURY occur?
Date_____ Time_____
If claim is for Equitable Indemnity, give date claimant served with the complaint:
Date_____

Names of any city employees involved in INJURY or DAMAGE

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

See Page 2

The amount claimed, as of the date of presentation of this claim, is computed as follows:

Damages occurred to date (exact)	Estimated prospective damages as far as known:
Damage to property.....$_____	Future expenses for medical and hospital care.....$_____
Expenses for medical/hospital care.....$_____	Future loss of earnings.....$_____
Loss of earnings.....$_____	Other prospective special damages.....$_____
Special damages for.....$_____	Prospective general damages.....$_____
General damages.....$_____	Total estimate prospective damages $_____
Total amount claimed as of date of this presentation of this claim:.....$_____	

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 of persons known to have information:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

DOCTORS and HOSPITALS:

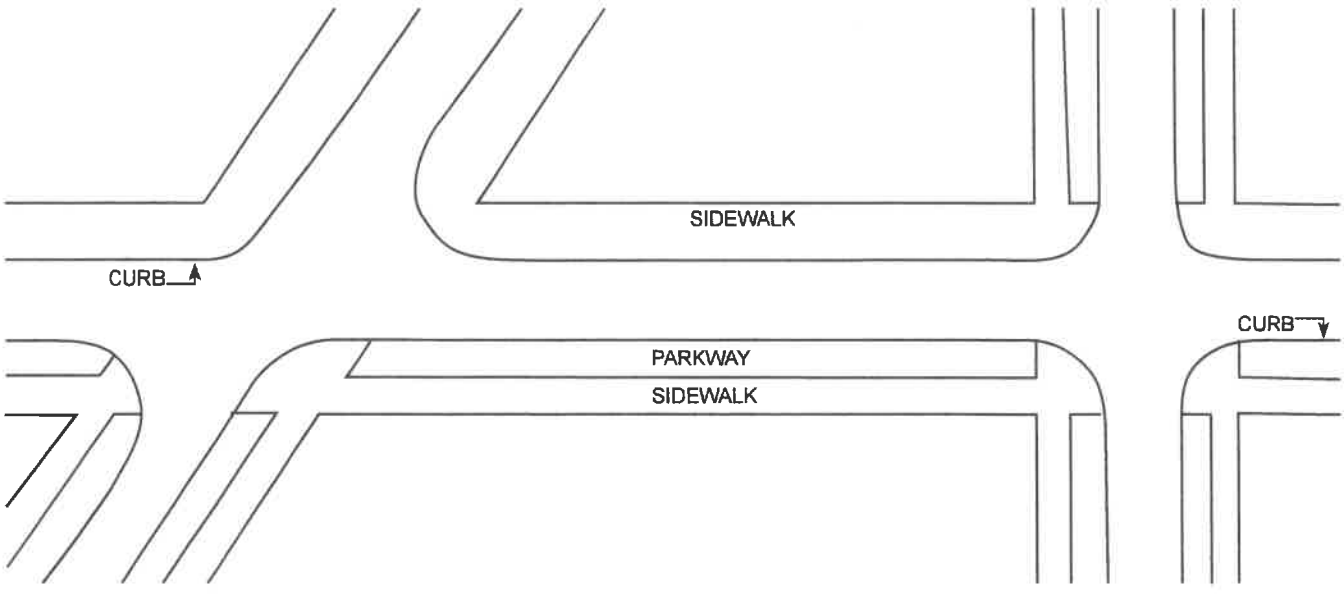
Hospital _____ Address _____ Date Hospitalized _____

Hospital _____ Address _____ Date Hospitalized _____

Hospital _____ Address _____ Date Hospitalized _____

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/her behalf X _____

Print or type name and relationship 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).