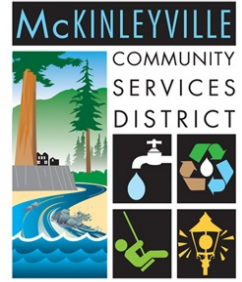


CLAIM FOR DAMAGES AGAINST PUBLIC ENTITY

[Government Code § 910 and § 910.2]



1. Name of Claimant: _____

2. Post Office Address: _____

3. Post office address to which person presenting the claim desires notices to be sent:

4. Date of injury, damage, loss or obligation: _____

5. Location where the injury, damage, loss or obligation occurred (Specify in as much detail as possible, i.e., 5 feet east of west corner of Elmira Road and Peabody):

6. The general description of the injury, damage, loss or obligation:

7. Names(s) of Public Employee(s) who caused injury, damage or loss, if applicable:

8. Description of the actions or conduct of employee(s) who caused the injury, damage or loss, if applicable:

9. Names/addresses/telephone number of any witnesses:

10. Total Amount of Claim: \$ _____

11. Basis for computation amount of claim:
Current Medical Expenses: \$ _____
Future Medical Expenses: \$ _____
Wage Loss: \$ _____
Damage to Personal Property: \$ _____

General Damages: \$ _____

Other Damages (Describe): \$ _____

(Attach Copies of Medical Bills/Estimates for Property Damages/Proof of Loss)

12. If Claimant is a minor (Under age 18 years):

Name of Parent/Legal Guardian: _____

Address of Parent/Legal Guardian: _____

Parent/Legal Guardian Telephone Number: _____

13. Supplemental Information:

Claimant's Drivers License No. _____

Claimant's Date of Birth: _____

Law Enforcement/Public Agency Report No. _____ Date: _____

14. Attorney for Claimant:

Name: _____ SBN: _____

Address: _____

Telephone Number: _____

Signature of Claimant	Date	Telephone Number
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Relationship of Signer, if not the Claimant	Date	Telephone Number
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NOTICES

*A claim relating to a cause of action for death or for injury to person or to personal property or to growing crops must be presented to the public entity, in the matter provided for in the **Government Code § 915, et seq.**, not later than six months after the accrual of the cause of action.*

*A claim relating to any other cause of action shall be presented to the public entity as provided in **Government Code § 915, et seq.**, not later than one year after the accrual of the cause of action [**Government Code § 911.2**].*

*A person is required by law, under **Government Code § 910.4(a)**, to use this prescribed Claim Form, in order that his or her claim is deemed to be in conformity with **Government Code § 910 and § 910.2**. A claim may be returned to the person, if it is not presented using this Claim Form. Any claim returned to a person may be resubmitted using the appropriate form.*

Section 72 of the California Penal Code states: *Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city, or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable either by imprisonment in the county jail for a period of not more than one year, by a fine of not exceeding one thousand dollars (\$1,000), or by both that imprisonment and fine, or by imprisonment pursuant to subdivision (h) of Section 1170, by a fine of not exceeding ten thousand dollars (\$10,000), or by both such imprisonment and fine.*