



## CLAIM FOR DAMAGES TO PERSON OR PROPERTY

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### INSTRUCTIONS

1. Read entire claim form before filing.
2. This claim form must be signed at bottom.
3. Attach separate sheets, if necessary, to give full details. SIGN EACH SHEET.
4. Claims must be filed with the City Clerk, 1243 National City Boulevard, National City, CA 91950 (619) 336-4228.
5. Inquiries regarding status of filed claims should be directed to the Risk Manager at (619) 336-4370.

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Attention: City Clerk

The undersigned hereby presents the following claim to the City of National City, in accordance with the laws of the State of California.

1. Name of Claimant: \_\_\_\_\_
2. Home Address of Claimant: \_\_\_\_\_  
Home Telephone Number: \_\_\_\_\_ /Cell: \_\_\_\_\_  
Email: \_\_\_\_\_
3. Give address to which you desire notices or communications to be sent regarding this claim:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. How did DAMAGE or INJURY occur? Give full particulars:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. When did DAMAGE or INJURY occur? Give the date and time of day:  
\_\_\_\_\_  
\_\_\_\_\_
6. Where did DAMAGE or INJURY occur? Describe fully, and attach diagram where appropriate. Give street names and addresses and measurements from landmarks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What particular ACT or OMISSION do you claim caused the injury or damage? Give names of City employees causing the injury or damage, if known:

\_\_\_\_\_

8. What DAMAGE or INJURIES do you claim resulted? Give full extent of injuries or damages claimed:

\_\_\_\_\_

\_\_\_\_\_

9. NAMES of physicians, hospitals, etc.: \_\_\_\_\_

\_\_\_\_\_

10. What AMOUNT do you claim on account of each item of injury or damage as of date of presentation of this claim? Explain how you calculated this amount. \_\_\_\_\_

\_\_\_\_\_

Give ESTIMATED AMOUNT as far as known you claim on account of each item of future injury or damage, giving basis of computation: \_\_\_\_\_

\_\_\_\_\_

11. What INSURANCE PAYMENTS did you receive, if any, and what were the names of any Insurance Company(ies): \_\_\_\_\_

\_\_\_\_\_

12. What EXPENDITURES did you make on account of accident or injury: (Date-Item) (Amount): \_\_\_\_\_

\_\_\_\_\_

13. Give NAMES AND ADDRESSES of Witnesses, Doctors and Hospitals: \_\_\_\_\_

\_\_\_\_\_

Attach COPIES of any photos, documents or receipts you wish considered.

I declare under penalty of perjury that I have read the foregoing claim and the papers attached thereto, and that the same are true and correct to the best of my knowledge.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Claimant or Agent

\_\_\_\_\_  
Address of Above

\_\_\_\_\_  
Telephone No. of Above