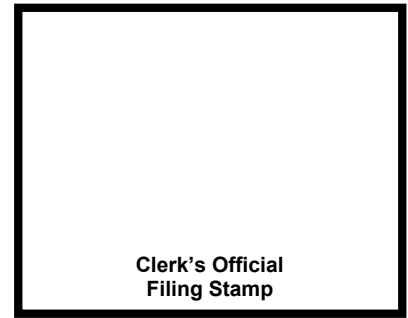




CITY OF IRWINDALE
**CLAIM FOR DAMAGES
 TO PERSON OR PROPERTY**

INSTRUCTIONS

1. Claims for death, injury to person or to personal property must be filed not later than 6 months after the occurrence.
2. Claims for damages to real property must be filed not later than 1 year after occurrence.
3. Read entire claim before filing.
4. See page 2 for diagram upon which to locate place of accident.
5. This claim for must be signed on page 2 at bottom.
6. Attach separate sheets if necessary to give full details. Sign each sheet.
7. File with City Clerk, 5050 N. Irwindale Ave., Irwindale, CA 91706



Clerk's Official
Filing Stamp

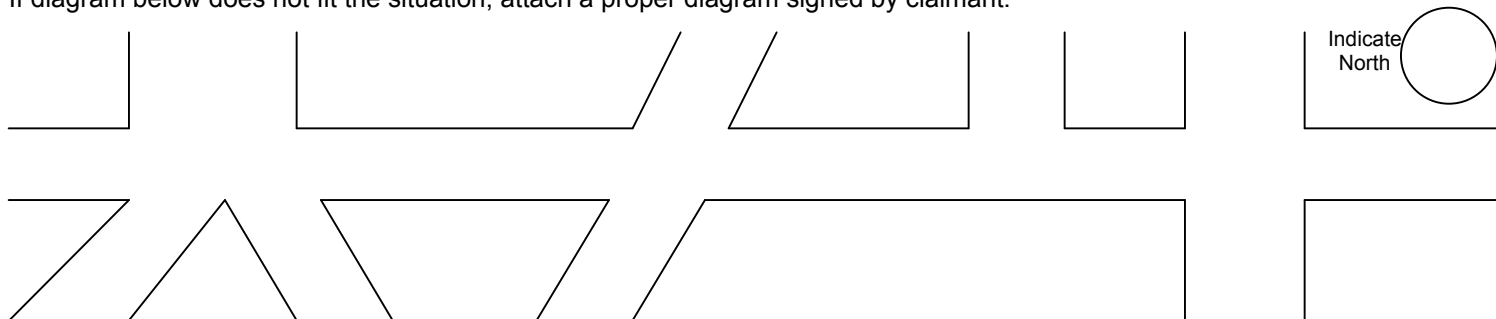
To: City of Irwindale		Claimant's Date of Birth
Name of Claimant		Claimant's Occupation
Home Address of Claimant		Home Telephone Number
Business Address of Claimant		Business Telephone Number
Name and address to which you desire notices or communications to be sent regarding this claim:		
When did DAMAGE or INJURY occur? Date: _____ Time: _____ If claim is for Equitable Indemnity, give date claimant served with complaint: _____	Names of any City employees involved in INJURY or DAMAGE	
Where did DAMAGE or INJURY occur? Describe in full detail and locate on diagram on page 2. Where appropriate, give street names, addresses, and measurements from landmarks:		
Describe in detail how the DAMAGE or INJURY occurred.		
Why do you claim the City of Irwindale is responsible?		
What DAMAGE or INJURIES do you claim resulted? Give full extent of injuries or damage claimed.		

Claimant's Name: _____
State the amount which you are claiming as of the date of presentation of this claim. Give basis of computation.
Give estimated amount of future losses due to INJURY or DAMAGE:
Was damage and/or injury investigated by the police? _____ If yes, what City? _____ Were paramedics or ambulance called? _____ If yes, name City or ambulance _____ If injured, give name and address of your doctor and the date and time of your first visit:
Doctors and Hospitals: Doctor _____ Address _____ Date Hospitalized _____ Hospital _____ Address _____ Date Hospitalized _____ Hospital _____ Address _____ Date Hospitalized _____
Witnesses to DAMAGE or INJURY: List all persons and addresses of persons known to have information: Name _____ Address _____ Phone _____ Name _____ Address _____ Phone _____

READ CAREFULLY

For all accident claims, indicate on the diagram street names, including North, East, South, and West. Indicate place of accident with an "X". Indicate house numbers or distances to street corners.

If a City vehicle was involved, designate with an "A" the location of the City vehicle when you first saw it, and with "B" the location of yourself or your vehicle when you first saw the City vehicle. Indicate location of City vehicle at the time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1". Mark the point of impact with an "X". Note: If diagram below does not fit the situation, attach a proper diagram signed by claimant.



Signature of Claimant (if other than claimant, indicate relationship)	Typed Name	Date
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Note: Claims must be filed with the City Clerk. **Presentation of a false claim is a felony (Penal Code Section 72)**