



CITY OF POMONA

FILE WITH
CITY CLERK'S OFFICE
P.O. BOX 660
POMONA, CA 91769

CLAIM FOR DAMAGES OR INJURY

1. Claims for death, injury to personal property must be filed no later than 6 months after occurrence. (Govt. Code Sec. 911.2)
2. Claims for damages to real property must be filed no later than 1 year after occurrence. (Gov. Code Sec. 911.2)
3. Knowingly filing false claims violates Gov. Code Sec. 12650 and Penal Code Sec. 72 and can be prosecuted as fraud.
4. You must provide a response to each question; if it does not apply, please write N/A. You may attach a separate sheet, if necessary, to provide details, SIGN EACH SHEET.
5. You must sign the claim form at the bottom of page 2.

Claim Number:

City Clerk Date Stamp:

Name of Claimant: _____ Claimant Social Security Number: _____

Claimant Home Address : _____

City, State, Zip Code: _____

Evening Telephone: () _____ Cell: () _____

Email Address: _____ Claimant Date of Birth: _____

Claimant Driver's License Number: _____ Claimant Occupation: _____

Business Phone () _____ Business Address: _____

Type of Loss: Personal Injury Property Damage Other Police Report No: _____
Paramedics/Ambulance: Yes No

When did injury or damage occur? _____ AM PM
(Month/Day/Year) (Day of Week) (Time)

Where did injury or damage occur? *(Street address, intersecting streets, or other location; Please use diagram on page 2 to illustrate exact location)*

How did injury or damage occur? *(Describe accident or occurrence)*

Name of any City employees involved in Injury or Damage?

What action/inaction by the City, or its employees, caused your injury or damage?

What injury or damage did you suffer?

Were Paramedics Called? YES NO Doctors or Hospital list below (if applicable):

Doctor Name: _____
Address: _____
Date(s) of Treatment: _____

Hospital Name: _____
Address: _____
Date(s) Hospitalized: _____

Witnesses to Damage or Injury:

*List all persons and addresses know to have information

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____



AMOUNT CLAIMED, AS OF THE DATE OF PRESENTATION OF THIS CLAIM

(Attach copies of all documentation including receipts, photographs, repair estimates, and medical bills totaling sum):

Damages incurred to date (exact amount)

Property Damage: \$ _____

Expenses for Medical Care (if any): \$ _____

General Damages: \$ _____

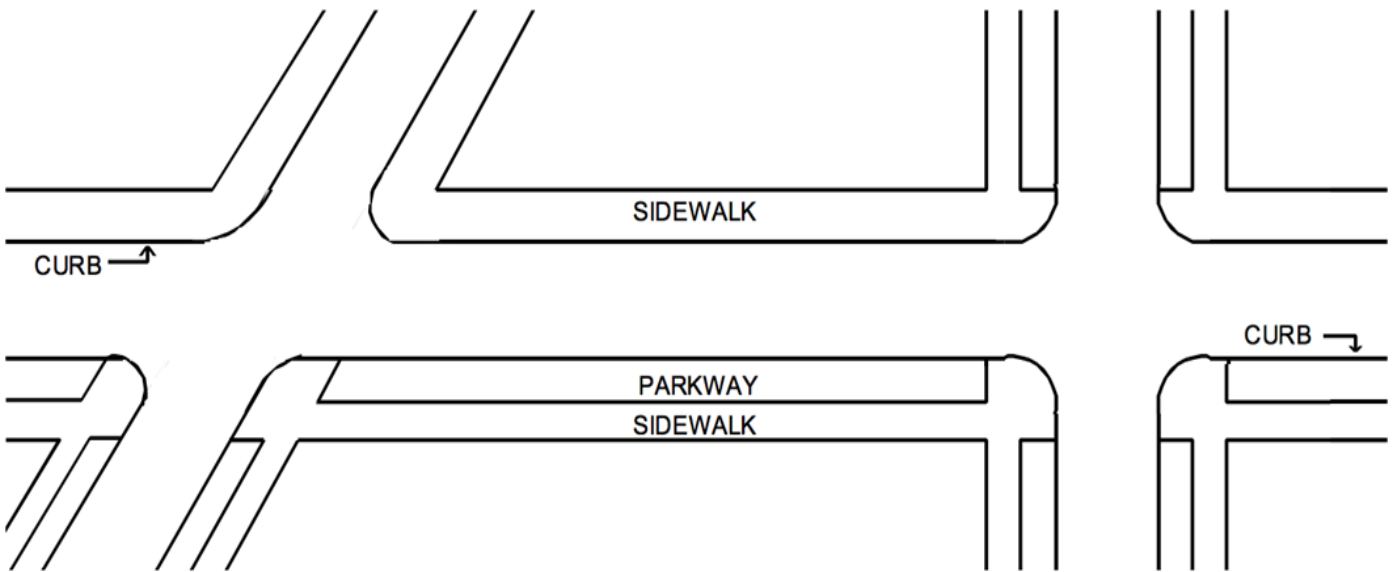
TOTAL SUM of Claim: \$ _____

READ CAREFULLY

For all accident claims, place on following diagram name 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/Agency Vehicle was involved, designate by letter "A" location of City/Agency Vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw

City/Agency Vehicle; location of City/Agency 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.



ALL NOTICES AND/OR COMMUNICATIONS SHOULD BE SENT TO:

Name (Mr./Mrs./Ms.) _____ Daytime Phone: _____

Address (Street, City, State, Zip) _____

**I HEREBY CERTIFY UNDER PENALTY OR PERJURY, THAT THE FOREGOING FACTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. PRESENTATION OF A FALSE CLAIM IS A FELONY.
(California Penal Code Sec. 72)**

Signature

Relationship (self, attorney, guardian, etc.)

Date