



If there were no injuries, state "no injuries": \_\_\_\_\_

Give the name(s) of the City employee(s) or name of department causing the damage or injury:

Damages claimed:

Damages incurred to date: (itemized):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Estimated prospective damages as far as known:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Name and addresses of all witnesses, hospitals, doctors, etc.:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

Any additional information that might be helpful in considering claim: \_\_\_\_\_

**WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM:** (Penal code 72; Insurance code 556.1)

**I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ at \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_