CITY OF WHITTIER

Instructions: READ ENTIRE FORM BEFORE COMPLETING.
FILE WITH CITY CLERK, CITY HALL, 13230 PENN STREET WHITTIER, CA 90602
CLAIMS FOR DEATH, INJURY TO PERSON OR TO PERSONAL PROPERTY MUST BE FILED NO LATER THAN SIX (6) MONTHS AFTER THE OCCURRENCE. (GOV'T CODE SECTION 911.2)
CLAIMS FOR DAMAGES TO REAL PROPERTY MUST BE FILED NOT LATER THAN ONE (1) YEAR AFTER THE OCCURRENCE. (GOV'T CODE SECTION 911.2)

THE UNDERSIGNED HEREBY PRESENTS THE FOLLOWING CLAIM TO THE CITY OF WHITTIER IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA.

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1. **NAME OF CLAIMANT**: _____ **BIRTHDATE**_____

2. **MALE** ___**FEMALE**___**SOCIAL SECURITY NO**. _____ **DRIVER'S LICENSE #** _____

3. **ADDRESS OF CLAIMANT** _____
   STREET CITY ZIP CODE

   TELEPHONE NO. HOME _____BUSINESS _____

   MAIL NOTICES TO: _____
   STREET CITY ZIP CODE

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4. **IF THIS CLAIM IS MADE BY ONE PERSON ON BEHALF OF ANOTHER, STATE**:
   (A) NAME _____ Male___ Female ___ RELATIONSHIP _____
   (B) ADDRESS _____
   STREET CITY ZIP CODE

5. **IF PERSON INJURED OR DAMAGED IS A MINOR, STATE BIRTH DATE**:_____

6. **NAME AND ADDRESS OF ATTORNEY (REGARDING THIS CLAIM)**_____

   _____
   STREET CITY ZIP CODE

7. **WHEN DID INCIDENT OCCUR?** DATE: _____TIME: _____

8. **PLACE OF OCCURRENCE OR INCIDENCE**: (*DESCRIBE FULLY AND DRAW DIAGRAM ON SEPARATE PAGE IF NECESSARY*) _____

   _____

   _____

9. **GENERAL DESCRIPTION OF INJURY, DAMAGE OR LOSS**: _____

   _____

   _____

10. **IF BASIS OF CLAIM IS ALLEGED TO BE AN ACT/OMISSION OF A CITY OFFICER OR EMPLOYEE**:
    (A) NAME OF OFFICER OR EMPLOYEE, IF KNOWN _____
    (B) CLAIMANT'S STATEMENT OF THE BASIS OF SUCH OFFICER OR EMPLOYEES LIABILITY

    _____

11. **IF BASIS OF CLAIM IS A "DANGEROUS OR DEFECTIVE CONDITION OF PUBLIC PROPERTY", COMPLETE THE FOLLOWING**:

(A) PUBLIC PROPERTY ALLEGED TO BE DANGEROUS OR DEFECTIVE: _____

_____

(B) DATE OF NOTIFICATION AND NAME OF CITY EMPLOYEE HAVING PRIOR KNOWLEDGE OF SUCH DANGEROUS CONDITION: _____

(C) GENERAL STATEMENT OF HOW ACCIDENT OR INCIDENT OCCURRED: _____

_____

_____

12. **DAMAGES CLAIMED**: Bodily Injury_____ Property Damage_____ Other_____

AMOUNT INCURRED TO DATE $_____ TOTAL AMOUNT OF CLAIM $_____

13. **IF BODILY INJURY CLAIM**:

(A) NAME AND ADDRESS OF PHYSICIAN: _____

_____
STREET CITY ZIP CODE

(B) NAME AND ADDRESS OF HOSPITAL: _____

_____
STREET CITY ZIP CODE

(C) NAME AND ADDRESS OF WITNESSES, IF ANY:

_____
NAME STREET CITY ZIP CODE

_____
NAME STREET CITY ZIP CODE

14. **WAS INCIDENT INVESTIGATED BY POLICE**? _____ **IF SO, WHAT CITY?** _____

STATE PHYSICAL CONDITIONS SURROUNDING THE OCCURRENCE – WEATHER, ROAD, AND TRAFFIC CONDITIONS, ETC. _____

_____

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.

EXECUTED ON (DATE) _____ AT _____

SECTION 72 OF THE PENAL CODE PROVIDES: "EVERY PERSON WHO, WITH INTENT TO DEFRAUD, PRESENTS FOR ALLOWANCE OR FOR PAYMENT TO ANY STATE BOARD OR OFFICER, OR TO ANY COUNTY, CITY, DISTRICT, BOARD, OR OFFICER, AUTHORIZED TO ALLOW OR TO PAY THE SAME IF GENUINE, ANY FALSE OR FRAUDULENT CLAIM, BILL, ACCOUNT, VOUCHER, OR WRITING, IS GUILTY OF A FELONY."

SIGNED: _____
SIGNATURE OF CLAIMANT OR AGENT

_____
PRINT NAME CLEARLY

_____
ADDRESS OF CLAIMANT OR AGENT (STREET, CITY, ZIP CODE)

_____
TELEPHONE NO. OF CLAIMANT OR AGENT