

City of Grass Valley
LIABILITY CLAIM FOR DAMAGES TO PERSON OR PROPERTY

Submit to: City Clerk City of Grass Valley 125 East Main Street Grass Valley, CA 95945 Date & Time Received by City:	City Distribution: G City Council G Finance G Human Resources G City Manager G City Attorney G Dept: _____ G George Hills Ins. Co.
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1. Claims for death, injury to person, or to personal property must be filed not later than six (6) months after occurrence. Claims for damages to real property must be filed not later than one (1) year after occurrence (Government Code 911.2).
2. READ ENTIRE CLAIM FORM BEFORE FILING.
3. ATTACH SEPARATE SHEETS TO GIVE FULL DETAILS, IF NECESSARY.

PLEASE PRINT

Name of Claimant _____	Is Claimant a Minor? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Home Address of Claimant _____	City/ State/ Zip _____	Home Telephone No. _____
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Business Address of Claimant _____	City/ State/ Zip _____	Business Telephone No. _____
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Address to which Claimant desires Notices or Communications Sent Regarding this Claim (if different from Home Address): _____

When did Damage or Injury Occur? Date: _____ Time: _____ a.m. p.m.

Place of Accident (Occurrence) - **BE SPECIFIC** and describe fully. Use diagram on reverse with street names, addresses and measurements, if possible. _____

How did Damage or Injury Occur? _____

Were Police called on Scene? Yes No **Were Fire called on scene?** Yes No

What Particular Act or Omission do you Claim Caused the Injury or Damages? (Give name of City employee causing the injury or damage, if known.) _____

Give Total Amount of Claim (including estimate of any prospective [future] charges): \$ _____

How was Claim amount computed? (Be specific; list doctor bills, repair estimates, etc.) **Please attach two (2) Estimates for any Repairs.**

Damages Incurred to Date:		
Item / Date _____	Amount	\$ _____
Item / Date _____	Amount	\$ _____
Item / Date _____	Amount	\$ _____
Item / Date _____	Amount	\$ _____
Total Amount Claimed as of Presentation of this Claim		\$ _____

Estimated Prospective (Future) Damages as far as Known:		
Item / Date _____	Amount	\$ _____
Item / Date _____	Amount	\$ _____
Item / Date _____	Amount	\$ _____

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Total Estimated Prospective Damages _____

\$ _____

Witnesses to Damage or Injury: (list all persons known to have been witnesses or have information about this claim. Use attachment(s) as necessary.)

Name _____
 Address _____

 Day Telephone _____

Name _____
 Address _____

 Day Telephone _____

If Claim Involves an Injury, Identify all Doctor(s) or Hospital(s) Visited:

Doctor _____
 Address _____

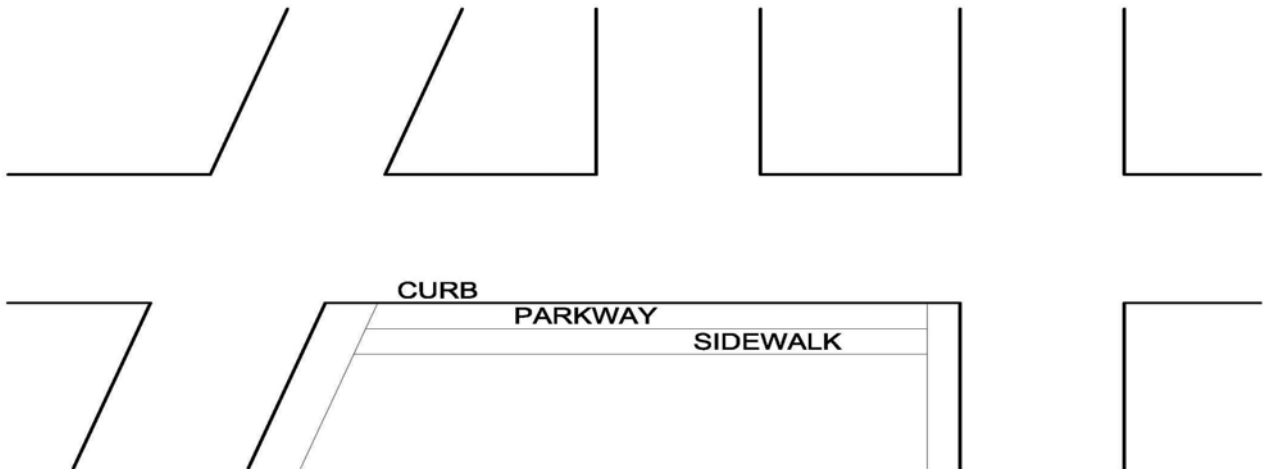
 Day Telephone _____

Hospital _____
 Address _____

 Day Telephone _____

Please Read the Following Carefully:

For all vehicle accident claims, identify on the following diagram, the street names and compass directions (north, etc.). Indicate point of impact by "X". Show house numbers and distances to street corners. If a City vehicle was involved, designate your location when you first saw the City vehicle as "A-1", the location of the City vehicle when you first saw it as "C-1", your location at the time of the accident as "A-2" and the location of the City vehicle at the time of the accident as "C-2". **NOTE: IF THE DIAGRAM BELOW DOES NOT FIT THE SITUATION, ATTACH A PROPER DIAGRAM SIGNED BY THE CLAIMANT.**



I HAVE READ THE FOREGOING CLAIM AND KNOW THE CONTENTS THEREOF; AND CERTIFY THAT THE SAME IS TRUE OF MY OWN KNOWLEDGE EXCEPT TO THOSE MATTERS WHICH ARE HEREIN STATED UPON MY INFORMATION AND BELIEF; AND AS TO THOSE MATTERS I BELIEVE THEM TO BE TRUE. I CERTIFY (or DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

 Signature of Claimant or
 Agent Acting on Behalf of Claimant

 Type or Print Name

 Date

 Relationship to Claimant

NOTE: Presentation of a False Claim is a Felony (California Penal Code 72)