

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

NAME OF CLAIMANT		
HOME ADDRESS OF CLAIMANT CITY & STATE		HOME TELEPHONE NUMBER
BUSINESS ADDRESS OF CLAIMANT CITY & STATE		BUSINESS TELEPHONE
GIVE ADDRESS & TELEPHONE NO. TO WHICH YOU DESIRE NOTICES OR COMMUNICATIONS TO BE SENT REGARDING THIS CLAIM:		CLAIMANT'S OCCUPATION
WHEN DID DAMAGE OR INJURY OCCUR? DATE: _____ TIME: _____	NAMES OF ANY CITY EMPLOYEES INVOLVED IN INJURY OR DAMAGE :	

WHERE DID **DAMAGE** OR **INJURY** OCCUR? DESCRIBE FULLY, AND LOCATE ON DIAGRAM ON REVERSE SIDE OF THIS SHEET. WHERE APPROPRIATE, GIVE STREET NAMES AND ADDRESSES AND MEASUREMENTS FOR LANDMARKS:

DESCRIBE IN DETAIL HOW **DAMAGE** OR **INJURY** OCCURRED:

WHY DO YOU CLAIM THE CITY IS RESPONSIBLE?

DESCRIBE IN DETAIL EACH **INJURY** OR **DAMAGE**:

WAS DAMAGE AND/OR INJURY INVESTIGATED BY POLICE, SHERIFF, OR CHP? _____

IF SO, WHICH AGENCY? _____

WERE PARAMEDICS OR AMBULANCE CALLED? _____ IF SO, NAME OF AMBULANCE SERVICE: _____ IF INJURED, STATE DATE, TIME, NAME AND ADDRESS OF DOCTOR OF YOUR FIRST VISIT: _____

HOSPITAL: _____ ADDRESS: _____

DOCTOR: _____ ADDRESS: _____

THIS CLAIM MUST BE SIGNED ON THE REVERSE SIDE

WITNESSES TO **DAMAGE** OR **INJURY**: LIST ALL PERSONS AND ADDRESS OF PERSONS KNOWN TO HAVE INFORMATION:

NAME: _____ ADDRESS: _____ PHONE: _____
NAME: _____ ADDRESS: _____ PHONE: _____
NAME: _____ ADDRESS: _____ PHONE: _____

THE AMOUNT CLAIMED, AS OF THE DATE OF PRESENTATION OF THIS CLAIM, IS COMPUTED AS FOLLOWS:

DAMAGES INCURRED TO DATE (EXACT):

DAMAGES TO PROPERTY	_____	\$	_____
EXPENSES FOR MEDICAL AND HOSPITAL CARE	_____	\$	_____
LOSS OF EARNINGS	_____	\$	_____
SPECIAL DAMAGES FOR _____	_____	\$	_____
GENERAL DAMAGES	_____	\$	_____
TOTAL DAMAGES TO DATE		\$	_____

ESTIMATED PROSPECTIVE DAMAGES AS FAR AS KNOWN:

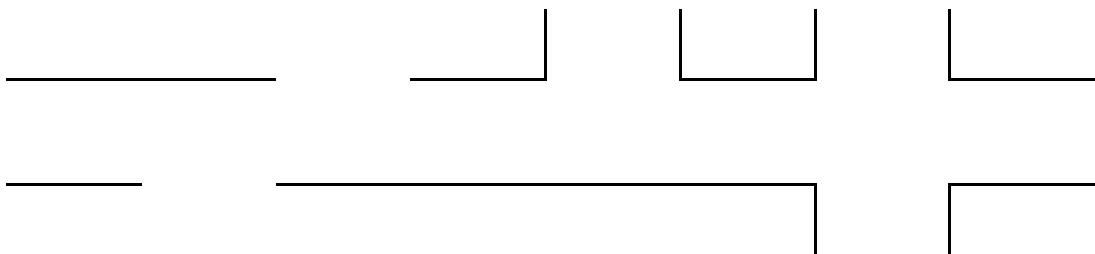
FUTURE EXPENSES FOR MEDICAL AND HOSPITAL CARE	_____	\$	_____
FUTURE LOSS OF EARNINGS	_____	\$	_____
OTHER PROSPECTIVE SPECIAL DAMAGES	_____	\$	_____
PROSPECTIVE GENERAL DAMAGES	_____	\$	_____
TOTAL ESTIMATED PROSPECTIVE DAMAGES		\$	_____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM \$ _____

READ CAREFULLY

SHOW THE LOCATION AND POSITION OF VEHICLE(S) AT POINT OF IMPACT.
SHOW YOUR VEHICLE AS 1 , THE OTHER VEHICLE AS 2 .
SHOW THE NAME OF THE STREET(S), LOCATION OF STOP SIGNS, SIGNALS.

INDICATE NORTH



SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS BEHALF GIVING RELATIONSHIP TO CLAIMANT	TYPE OR PRINT NAME:	DATE:
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NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE SEC. 72.)

CITY OF JACKSON, 33 BROADWAY, JACKSON CA 95642

(209) 223-1646