

# CLAIM FOR DAMAGES TO PERSON OR PROPERTY

Reserve for filing stamp

File with:  
**City Clerk's Office**  
12700 Norwalk Blvd. P.O. Box 1030 Norwalk, CA. 90651-1030

## INSTRUCTIONS

1. Claims for death, injury to a person or to personal property must be filed not later than six months after the occurrence (Gov Code §911.2)
2. Claims for damages to real property must be filed not later than 1 year after occurrence. (Gov Code §911.2)
3. Read entire claim form before filing
4. See page 2 for diagram upon which to locate place of accident
5. This claim form must be signed on page 2 at the bottom
6. Attach separate sheets, if necessary, to give full details. **SIGN EACH SHEET**

To: **CITY OF NORWALK**

Today's Date:

Name of Claimant:

Occupation:

Home Address:

Home Phone:

Mailing Address (if different from above):

Cell Phone:

Email Address:

Address and Telephone number to which you desire notice or communications to be sent regarding this claim:

When did damage or injury occur: **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Name(s) of any City of Norwalk employees involved in damage or injury:

Where did damage or injury occur? Please describe fully and locate on diagram on reverse side of this sheet. Where appropriate please provide street names and measurements from landmarks.

Describe in detail how the damage or injury occurred:

Why do you claim the City is responsible:

Describe in detail each injury or damage:

The amount claimed, as of the date of presentation of this claim, is computed as follows:

**Damages incurred to date (exact):**

Damage to property \$ \_\_\_\_\_  
 Expenses for medical and hospital care \$ \_\_\_\_\_  
 Loss of earnings: \$ \_\_\_\_\_  
**Total Damages incurred to date:**  
 \$ \_\_\_\_\_

**Estimated Future Damages:**

Total amount claimed as of Date of this claim \$ \_\_\_\_\_

Was damage and/or injury investigated by police? \_\_\_\_\_ If so, What City? \_\_\_\_\_

Were paramedics or ambulance called? \_\_\_ if so, name of City or ambulance company \_\_\_\_\_

If injured, state date, time, name and address of doctor of your first visit: \_\_\_\_\_

**Witnesses to damage or injury** (list all names and addresses of persons known to have information):

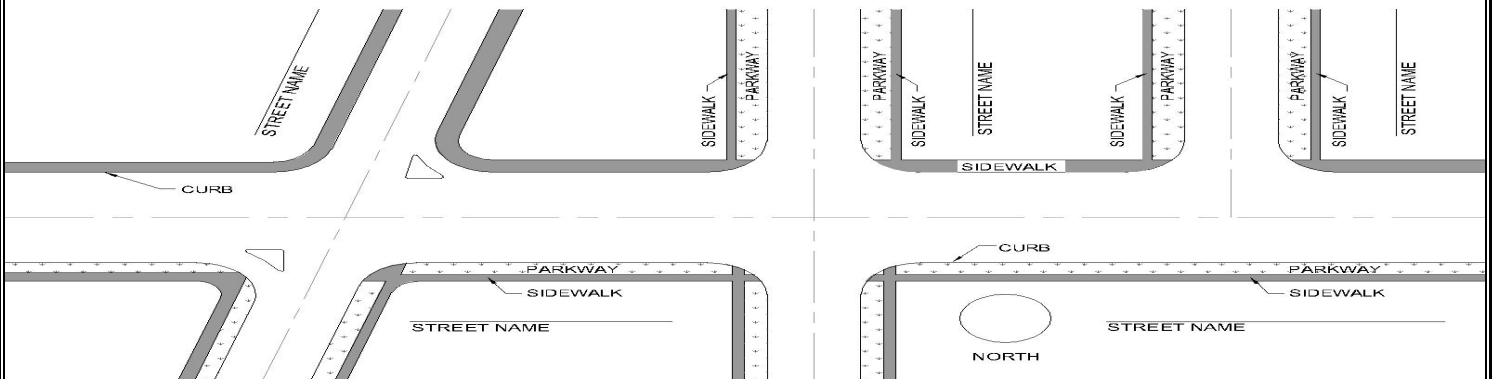
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Doctors and Hospitals:**

Hospital: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**READ CAREFULLY** For all accident claims place on the following diagram: •Names of Streets (including North, East, South, and West) •Mark place of accident with an "X", and •Show house numbers or distances to street corners. •If City vehicle was involved, designate by letter "A"0 location of City Vehicle when you first saw it and by "B", location of yourself or your vehicle when you first saw City Vehicle;0 Mark location of City vehicle at the time of accident with "A-1" and your vehicle at the time of the accident by "B-1" and mark the point of impact with a "x".

**NOTE: If diagram below does not fit the situation, sign and attach a separate diagram**



Signature	Print Name/relationship to claimant	Date
-----------	-------------------------------------	------

**Original signature of claimant or person filing on his behalf**

NOTE: Claims must be filed with the City Clerk (Gov Code sec. 915a)  
 Presentation of a false claim is a felony (Penal Code Sec 72)