



# CITY OF WATSONVILLE

## LIABILITY CLAIM FOR DAMAGES TO PERSON OR PROPERTY

CITY CLERKS DATE STAMP:

CLAIM NO. \_\_\_\_\_

RETURN TO:

CITY OF WATSONVILLE  
OFFICE OF THE CITY CLERK  
275 MAIN ST., SUITE 400 (4<sup>th</sup> Floor)  
WATSONVILLE CA 95076  
Tel: (831) 768-3040

DISTRIBUTION:

- CITY MANAGER
- CITY ATTORNEY
- FINANCE DEPARTMENT (2)
- POLICE DEPARTMENT
- PUBLIC WORKS
- SAFETY & COMPLIANCE OFFICER
- DEPARTMENT: \_\_\_\_\_
- PARSAC

1. Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence (Gov. Code Sec. 911.2).
2. Claims for damages to real property must be filed not later than one (1) year after the occurrence (Gov. Code Sec. 911.2).
3. READ ENTIRE CLAIM FORM BEFORE FILING.
4. ATTACH SEPARATE SHEETS, IF NECESSARY, TO GIVE FULL DETAILS.

NAME OF CLAIMANT \_\_\_\_\_

DATE OF BIRTH OF CLAIMANT \_\_\_\_\_

HOME ADDRESS OF CLAIMANT \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
HOME TELEPHONE NO.

BUSINESS ADD OF CLAIMANT CITY/STATE/ZIP \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
BUSINESS TEL.

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** – Describe fully. Where appropriate, give street names and addresses for landmarks.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW DID DAMAGE OR INJURY OCCUR?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WERE POLICE AT SCENE?  YES  NO WERE PARAMEDICS AT 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: (Include estimate of amount of any prospective injury or damage?)\$ \_\_\_\_\_

HOW WAS THE AMOUNT OF CLAIM COMPUTED? (Be specific, provide copies of doctor bills, repair estimates, etc.)

**PLEASE ATTACH TWO (2) ESTIMATES.**

DAMAGES INCURRED TO DATE:

ITEM/DATE _____	AMOUNT:	\$ _____
ITEM/DATE _____	AMOUNT:	\$ _____
<b>TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:</b>		<b>\$ _____</b>

ESTIMATED PROSPECTIVE DAMAGES AS FAR AS KNOWN:

ITEM/DATE _____	AMOUNT:	\$ _____
ITEM/DATE _____	AMOUNT:	\$ _____
<b>TOTAL ESTIMATED PROSPECTIVE DAMAGES:</b>		<b>\$ _____</b>

WITNESSES TO DAMAGE OR INJURY: (List all persons known to have information. (Use attachment if necessary.)

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
TELEPHONE: (____) _____	TELEPHONE: (____) _____

IF INJURY, GIVE NAME, ADDRESS, TELEPHONE, DATE & TIME OF DOCTOR(S) OR HOSPITAL(S) VISITED:

DOCTOR: _____	TELEPHONE: _____
ADDRESS: _____	DATE/TIME: _____
HOSPITAL: _____	TELEPHONE: _____
ADDRESS: _____	DATE/TIME: _____

Other Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CLAIMANT OR AGENT      TYPE OR PRINT NAME      DATE

ACTING ON BEHALF OF CLAIMANT

\_\_\_\_\_  
RELATIONSHIP TO CLAIMANT

**NOTE:      PRESENTATION OF A FALSE CLAIM IS A FELONY (CALIFORNIA PENAL CODE 72)**