

3. WITNESSES AND INVOLVED PARTIES:

***Give the names of City employees and their contact information, City vehicle license plate numbers, and the City department or bureau responsible for the act or omission you claim caused the damage or injury, if known.**

Did you report the act or omission? If so, please identify who you reported it to, provide their contact information and any report, service or claim numbers.

Please list the names and contact information for Witnesses, Doctors and Hospitals

4. DAMAGES:

***What damage or injuries do you claim resulted?** _____

***What is the total amount of your claim:** \$ _____

***Itemize your damages:** Property Damages: \$ _____ Bodily Injury: \$ _____

Other (specify) _____ : \$ _____

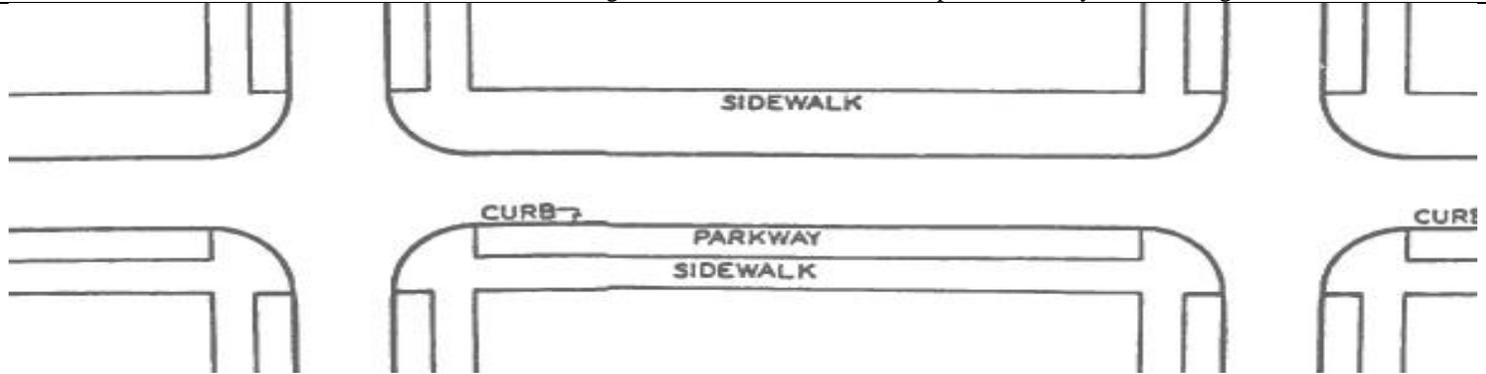
Attach any relevant documents or reports supporting your claimed damages.

5. INSURANCE:

If you had insurance at the time of the act or omission, please give the name and contact information for your insurance company, handling representatives and any amounts paid:

6. ACCIDENT DIAGRAM:

For all accident claims, place the street names where the accident occurred and the nearest cross-streets on the diagram, while indicating the location of the accident with an "X". Note: if the diagram does not fit the situation, please attach your own diagram.



I declare under penalty of perjury that the foregoing, including any attachments, is true and correct:

***Signature of Claimant or Person Filing
on Claimant's Behalf**

Print Name

Date

Relationship to Claimant

CRIMINAL PENALTY FOR PRESENTING A FALSE OR FRAUDULENT CLAIM IS IMPRISONMENT OR FINE OR BOTH. (PENAL CODE §72)