

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

INSTRUCTIONS:

Read both sides of this form thoroughly, answering all sections completely.
 Fill out claim as indicated, print form, and attach any additional information.

3. Both pages of this form must be signed and dated.

4. Please return this original signed claim form and any attachments

WARNING: CLAIMS FOR PERSONAL INJURY OR PROPERTY DAMAGE MUST BE FILED NO LATER THAN 6 MONTHS AFTER THE OCCURRENCE (Government Code §911.2)

FOR CITY USE ONLY

supporting your claim to the	City Clerk's Office in person of by ma	411.		Received by:		
DELIVER OR U.S. MAIL TO: City Clerk's Office City of Glendale	FOR QUESTIONS, CALL: (818) 548-2090			□ Hand □ Mail		
613 E. Broadway, Room 110 Glendale, CA 91206-4394	DI EASE TYDE OD DDINT: A	LL PAGES MUST BE SIGNED &	DATED	Interoffice FILE NUMBER:		
Mr. LAST NAME OR CON Mrs. Company	IPANY NAME	FIRST NAME (For insurance con	npany, list insured's full nan	ne here.) MIDDLE INITIAL		
ADDRESS OF CLAIMANT (Street)		SEND OFFICIAL NOTICES AND OTHER CORRESPONDENCE TO THE FOLLOWING ADDRESS, IF DIFFERENT FROM ADDRESS OF CLAIMANT:				
(City, State & Zip Code)		Attorney: Other:				
TELEPHONE ()	ALTERNATE TELEPHONE ()	ADDRESS (Street)				
CLAIMANT'S DATE OF BIRTH	CLAIMANT'S DRIVER'S LICENSE NO.	(City)	(State/Zip,)		
MEDICARE ELIGIBLE: Yes	No	TELEPHONE ()	ALTERNAT	TE TELEPHONE)		
DATE AND TIME OF INCIDENT (Gov State month, day and year:	r't Code §910)	WHERE DID DAMAGE OR INJURY OCCUR? (State exact address or cross streets)				
State time:	☐ a.m. ☐ p.m.					
WHAT INJURIES OR DAMAGES AR (attach separate sheet, if needed)	E YOU CLAIMING?	WHY DO YOU CLAIM THE CITY OF GLENDALE IS RESPONSIBLE? (attach separate sheet, if needed)				
DESCRIBE IN DETAIL HOW DAMAG (attach separate sheet, if needed)	GE OR INJURY OCCURRED.					
,						
			NAME OF CITY EMPLOYEE AND/OR DEPARTMENT involved in the injury or damage (if applicable) (attach separate sheet, if needed):			
		Employee	Dept.			
Were POLICE or PARAMEDICS call	ed?	Employee	Dept.			

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT THE FOREGOING FACTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. PRESENTATION OF A FALSE CLAIM IS A FELONY. (California Penal Code §72)

Signature of Claimant:	Date:

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DOCTORS and HOSPITALS (if application (attach separate sheet, if needed):	able)		AMOUNT CLAIMED , AS OF TI			•		
DOCTOR			Damages incurred to date (exact):			Estimated future expenses (if any):		
Address			Property Damage	\$_				
Date(s) of Treatment			Expenses for Medical Care (if	any) \$_	F	Future Medical Care	\$	
			General Damages \$			General Damages	\$	
HOSPITAL			Total Damages To Date \$			Total Estimated Future Damages	Ś	
Address						,		
- D. H. W.F. I			Specify the TOTAL SUM you claim:		Ş	\$		
Date Hospitalized								
AUTO INFORMATION IS REQUIRED	IF VEHICLE INVOLVED							
		POLI	DLICY NUMBER ARE YOU T		ARE YOU THE RE	HE REGISTERED OWNER? Yes No		
HAVE YOU SUBMITTED A CLAIM TO YOUR INSURANCE CARRIER? IF		IF YE	FYES, WERE YOU PAID? Yes No IF PAID		IF PAID, WHAT A	D, WHAT AMOUNT?		
Yes No No	T							
MAKE OF VEHICLE	MODEL		COLOR	YEAR	VEHICLE LICENSE NO.			
WITNESSES TO DAMAGE OR INJURY	Y (list name address and nho	ne nui	mher)					
Name	- (not name) adaress and pric		Phone	Address				
Name			Phone	Address				
Name			Phone	Address				
For all accident claims, place on fol house numbers or distances to stre location of yourself or your vehicle the time of the accident by "B-1" an	eet corners. If City vehic when you first saw City v	cle wa ehicle	as involved, designate by lett e; location of City vehicle at ti	er "A" loca me of accid	ation of City veh dent by "A-1" and	nicle when you first d location of yourse	saw it, and by "B' If or your vehicle a	
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CURB		newstapers on a					CURB	
			PARKWAY					
$\vdash \vdash $			SIDEWALK			H (-		
	<i>'</i>							

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Date:

Signature of Claimant:

Attach a copy of all documentation including receipts, photographs, repair estimates, medical bills, etc. that support the total amount claimed.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT THE FOREGOING FACTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

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