

**CLAIM AGAINST THE CITY OF LA CAÑADA FLINTRIDGE  
(FOR DAMAGES TO PERSONS OR PERSONAL PROPERTY)**

CLERK'S TIME STAMP

**FOR OFFICE USE ONLY**

Received by: \_\_\_\_\_ via  Fax  Over the Counter  Phone Call  U.S. Mail  Other \_\_\_\_\_  
Claim #: C - \_\_\_\_\_ - \_\_\_\_\_

Claims for death, injury to person or to personal property must be filed within six (6) months after the occurrence. (Government Code Section 911.2). Claims for damages to real property must be filed within one year after the occurrence (Government Code Section 911.2). **Be sure your claim is against The City of La Cañada Flintridge** and not another public or private entity. Where space is insufficient, please use additional paper and identify your response for the specific numbered question. **Completed claims must be mailed or delivered to: The City Clerk, City of La Cañada Flintridge, 1327 Foothill Blvd., La Cañada Flintridge, CA 91011** (Government Code Section 915a).

TO: THE CITY OF LA CAÑADA FLINTRIDGE, CALIFORNIA

1. NAME OF CLAIMANT: \_\_\_\_\_
  - a. ADDRESS OF CLAIMANT: \_\_\_\_\_
  - b. CITY / STATE / ZIP CODE: \_\_\_\_\_
  - c. HOME PHONE NO. (     ) \_\_\_\_\_ d. BUSINESS/CELL PHONE NO. (     ) \_\_\_\_\_
2. Name, telephone and/or post office address to which claimant desires notices to be sent if other than above: \_\_\_\_\_
3. Date of Occurrence or event from which the claim arises: a. DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ b. TIME: \_\_\_\_\_ am/pm
4. How and under what circumstances did damage or injury occur? Specify the particular occurrence and event (use additional paper if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Where did Damage or Injury occur? Describe fully, street names, addresses  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What particular ACT or OMISSION do you claim caused the injury or damage? Give the name(s) of the City employee(s) causing the damage or injury:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Give a description of the injury, property damage or loss, so far as is known at the time of this claim (Please include name and address of person injured) and if there were no injuries, state "no injuries."  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Damages Claimed:
  - a. Amount claimed as of this date: \_\_\_\_\_ \$
  - b. Estimated amount of future costs: \_\_\_\_\_ \$
  - c. Total amount claimed: \_\_\_\_\_ \$
  - d. Basis for computation of amount claimed (include copies of all bills, invoices, estimates, etc.): \_\_\_\_\_

9. Name of insurance company and insurance payment(s) received, if any: \_\_\_\_\_

10. Names and address of all witnesses, hospitals, doctors, etc.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

11. Any additional information that might be helpful in considering claim:  
\_\_\_\_\_  
\_\_\_\_\_

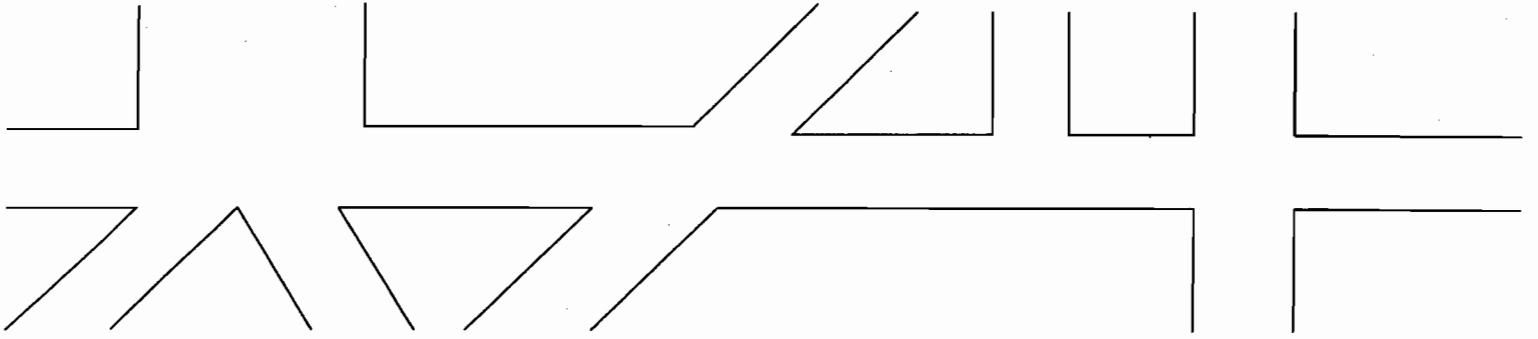
**PLACE:** Give exact and specific location, use the diagram below, show where incident occurred, please include street names, addresses, etc. (as approximate).

**READ CAREFULLY**

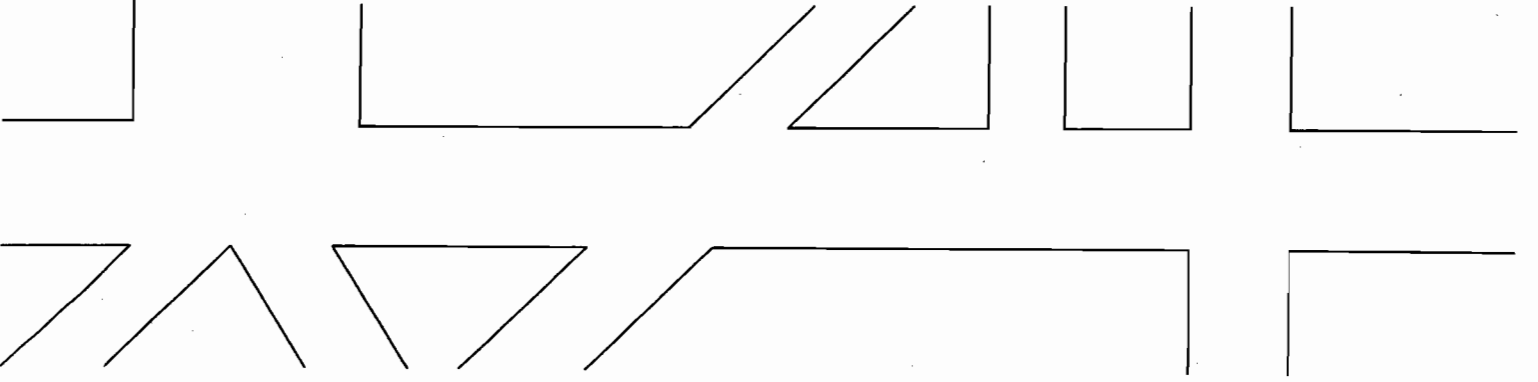
For all accident claims place on the following diagram names of streets, including North, East, South, and West. Please indicate place of accident by "X" and by showing house numbers or distances to street corners.

If a City Vehicle was involved, designate by letter "A" location of City Vehicle when you first saw it, and by "B" location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X."

**FOR AUTOMOBILE ACCIDENTS**



**FOR OTHER ACCIDENTS**



**WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (Penal Code §72; Insurance Code §556.1)**

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Office of the City Clerk  
City of La Cañada Flintridge  
1327 Foothill Blvd.  
La Cañada Flintridge, California

\_\_\_\_\_  
CLAIMANT'S TYPED NAME

\_\_\_\_\_  
CLAIMANT'S SIGNATURE  
(Signature of Claimant or person filing on his behalf, giving relationship to Claimant)

\_\_\_\_\_  
DATE