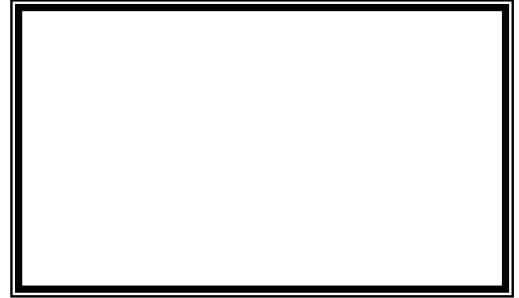


# CITY OF ONTARIO

## CLAIM FOR DAMAGES TO PERSON OR PROPERTY

### INSTRUCTIONS

1. Claims for death, injury to person or to personal property must be filed no later than 6 months after the occurrence. (GOV. CODE SEC. 911.2)
2. Claims for damages to real property must be filed no later than 1 year after the occurrence. (GOV. CODE SEC. 911.2)
3. Read entire claim before filing.
4. You must provide a response for every question. If it does not apply, please write N / A.
5. See page 2 for diagram upon which to locate place of incident.
6. This claim form must be signed on page 2 at bottom.
7. Attach separate sheets, if necessary, to give full details. SIGN EACH SHEET.
8. Claim must be filed with Records Management (GOV. CODE SEC. 915a)



**TO: RECORDS MANAGEMENT DEPARTMENT; 303 EAST "B" STREET, CITY OF ONTARIO, CALIFORNIA 91764**

Name of Claimant	Age of Claimant
Home Address of Claimant	Home Telephone Number
City, State, Zip Code	
Business Address of Claimant	Business Telephone Number
City, State, Zip Code	

Give address to which you desire notices or communications to be sent regarding this claim.

How did DAMAGE or INJURY occur? Give full particulars.

When did DAMAGE or INJURY occur? Give full particulars, date, time of day.

Where did DAMAGE or INJURY occur? Describe fully, and locate on diagram on reverse side of this sheet, where appropriate, give street names and addresses and measurements from landmarks.

What particular ACT or OMISSION do you claim caused the injury or damage? Give names of City employees causing injury or damage, if known.

What DAMAGE or INJURIES do you claim resulted? Give full extent of injuries or damages claimed.

What AMOUNT do you claim on account of each item of injury or damage as of date of presentation of this claim? Give basis of computation. **If applicable, please supply two (2) estimates.**

Insurance payments received, if any, and names and addresses of insurance company:

Expenditures made on account of DAMAGE or INJURY: (Date-----Item-----Amount:

Names and address of witnesses, doctors, and hospitals:

### READ CAREFULLY

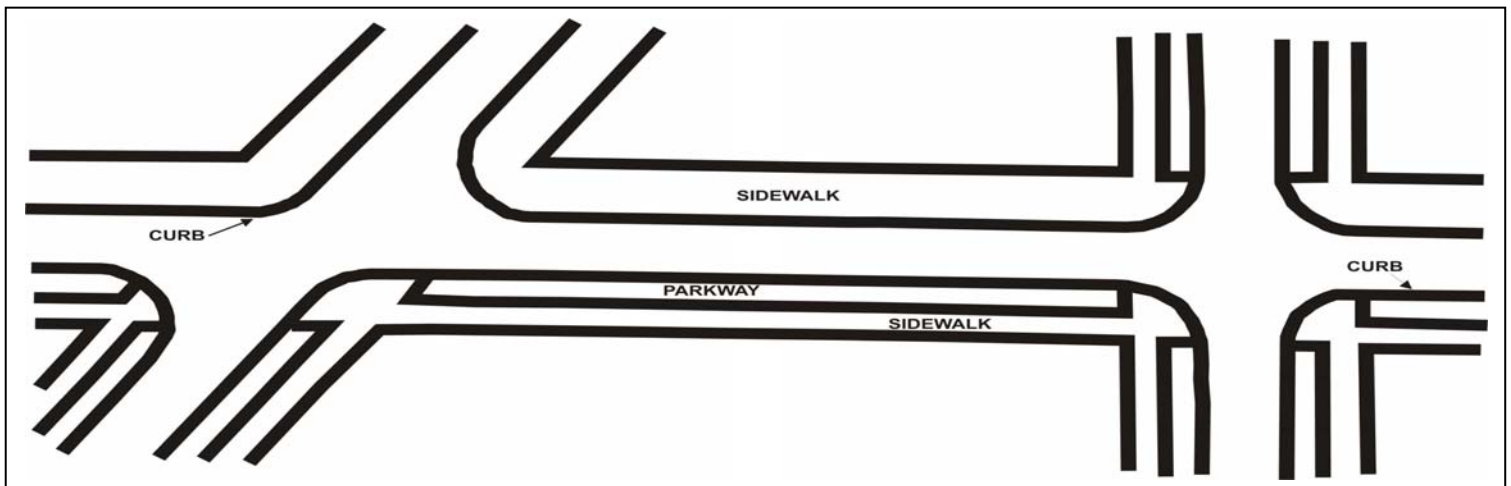
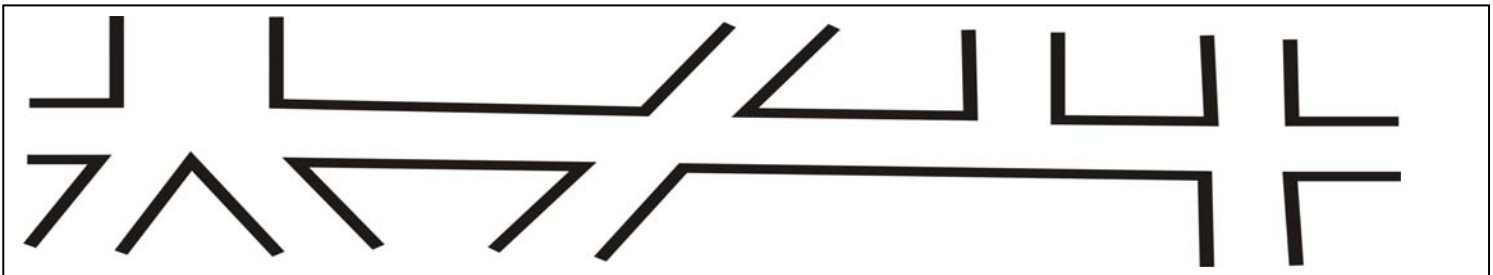
For all accident claims, include the following information on the diagram below:

- 1. Names of streets
- 2. Directions-north, east, south and west
- 3. Indicate place of the incident by an "X"
- 4. Show house numbers or distances to street corners

If City vehicle was involved, designate by letter:

- "A" Location of City vehicle when you first saw it
- "A-1" Location of City vehicle at time of accident
- "X" Point of impact
- "B" Location of yourself or your vehicle when you first saw the City vehicle
- "B-1" Location of yourself or your vehicle at the time of accident

Please note: if diagrams below do not fit your situation, attach a proper diagram signed by claimant.



Original Signature of Claimant or person filing on his behalf giving relationship to Claimant:	Printed Name:	Date:
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