

VERIFIED CLAIM

(FOR CITY USE ONLY)

CLAIM AGAINST: CITY OF DAVIS



Claim No. _____

Received By: _____

Via:

- U.S. Mail
- Inter-Office Mail
- Over the Counter
- Drop Box

Date Received: _____

Notice: The City of Davis may prosecute on the basis of Section 72 of the Penal Code (Ca. Ins. Code 1871) which provides: "Every person who, with intent to defraud, presents for allowance or for payment to any state board or office, or to any county, town, city, district, ward or village board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is guilty of a felony."

A claim must be filed with the City of Davis within a period provided by state statute after which the incident or event occurred. Be sure your claim is against the City of Davis and not another public entity. Completed claims must be mailed or delivered to:

**Risk Management
City of Davis
23 Russell Boulevard
Davis, CA 95616**

PLEASE PRINT OR TYPE:

Name of Claimant _____ Date of Birth of Claimant _____

Home Address of Claimant _____ City & State _____ Zip Code _____ Home Telephone Number _____

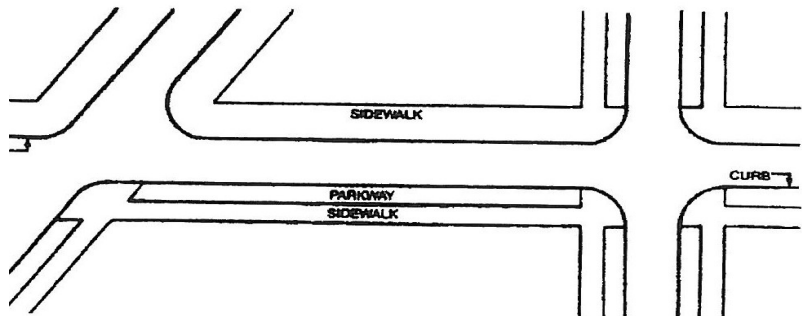
Business Address of Claimant _____ City & State _____ Zip Code _____ Business Telephone Number _____

Give address and telephone number to which you desire notices or communication to be sent regarding this claim. _____

Claims for death, injury to person or to personal property must be filled out not later than six months after the occurrence. (Gov. Code Sec. 911.2) Claims for damages to real property must filled out not later than 1 year after the occurrence.

1. Date, time and place (be specific) where damage or injury occurred? If Claim is for Equitable Indemnity, give date claimant served with the complaint: Date: _____

Please use diagram for clarification. Indicate names of streets and direction (north, south, east and west.) If the diagram does not fit the situation, please attach a proper diagram signed by the claimant.



2. How did the damage or injury occur? (Give full details and attach second sheet, if necessary.)

3. What particular act or omission or individual caused the damage or injury?

4. What damages or injuries do you claim resulted? (Give full extent of damages or injuries claimed.)

5. The amount claimed as of the date of presentation of this claim is computed as follows:
(please attach 2 estimates for repair, claimant must sign all documents.)

Damage incurred to date (exact):

Damage to property.....\$
Expenses for medical and hospital care.....\$
Loss of earnings.....\$
Special damages.....\$
General damages.....\$
Total damages incurred to date..... \$

Estimated prospective damages as far as known:

Future expenses for medical and hospital care..\$
Future loss of earnings.....\$
Other prospective special damages.....\$
Total estimate prospective damages.....\$

Total amount claimed as of date of presentation of this claim: \$

Insurance payments received, if any, and names of insurance companies:

Section 111 of the Medicare Medicaid & S-CHIP Extension Act requires the entity to report certain claims to the federal government. Please indicate if the claimant is: 65 years of age or older, or is receiving Social Security Disability Insurance Benefits for 24 or more months, or has End Stage Renal Disease. If yes, you may be required to provide additional information to process your claim

Yes / No

(circle one)

Was damage and/or injury investigated by police? _____

Were paramedics or ambulance called? _____

If injured, state date, time, name and address of doctor of your first visit _____

Date: _____

Time: _____

Name and Addresses of Witnesses to incident:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

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.

Signed this _____ day of _____, 20____ at _____ (location)

CLAIMANT'S SIGNATURE

(Omitting information may make your claim legally insufficient; answer all questions.)