



CITY OF BEVERLY HILLS

CLAIM FOR DAMAGES TO PERSON(S) OR PROPERTY

FILE WITH: CITY CLERKS OFFICE 455 N. REXFORD DRIVE, ROOM 290 BEVERLY HILLS, CA. 90210-4917		RESERVED FOR FILING STAMP CLAIM NO. _____
INSTRUCTIONS 1. Claims for death, injury to person or to personal property must be filed not later than six months after the occurrence. (Gov. Code Sec. 911.2) 2. Claims for damages to real property must be filed not later than 1 year after the occurrence. (Gov. Code Sec. 911.2.) 3. Read entire claim form before filing. 4. See page 2 for diagram upon which to locate place of accident. 5. This claim form must be signed on page 2 at the bottom 6. Attach separate sheets if necessary to give full details. SIGN EACH SHEET.		
TO: CITY OF BEVERLY HILLS:		Date of Birth of Claimant
Name of Claimant		Occupation of Claimant
Home Address of Claimant	City, State, ZIP code	Home Telephone Number
Business Address of Claimant	City, State, ZIP code	Business Telephone Number
Address and telephone number to send notices or communications regarding this claim:		Names of any city employees involved in INJURY or DAMAGE:
When did DAMAGE or INJURY occur? Date _____ Time _____ If claim is for Equitable Indemnity, give date claimant served with the complaint: Date : _____		
Where did DAMAGE or INJURY occur? Describe fully and locate on diagram on reverse side of this sheet. Where appropriate, give street names, addresses and measurements from landmarks:		
Describe in detail how the DAMAGE or INJURY occurred.		
Why do you claim the City is responsible?		
Describe in detail each INJURY or DAMAGE		

<p>The amount claimed as of the date of presentation of this claim is computed as follows:</p> <p>Damages incurred to date (exact):</p> <p>Damage to property\$ _____</p> <p>Expenses for medical and hospital care\$ _____</p> <p>Loss of earnings\$ _____</p> <p>Special damages for\$ _____</p> <p>General damages.....\$ _____</p> <p>total damages incurred to date.....\$ _____</p> <p>Total amount claimed as of date of presentation of this claim: \$ _____</p>	<p>Estimated prospective damages as far as known:</p> <p>Future expenses for medical and hospital care.....\$ _____</p> <p>Future loss of earnings.....\$ _____</p> <p>Other prospective special damages\$ _____</p> <p>Prospective general damages.....\$ _____</p> <p>Total estimated prospective damages\$ _____</p>
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Was damage and/or injury investigated by police? _____ If so, what City? _____

Were paramedics or ambulance called? _____ If so, name of City or ambulance company _____

If injured, state date, time, name and address of the doctor you first visited _____

WITNESSES to DAMAGE or INJURY: List all persons and addresses of persons known to have information:

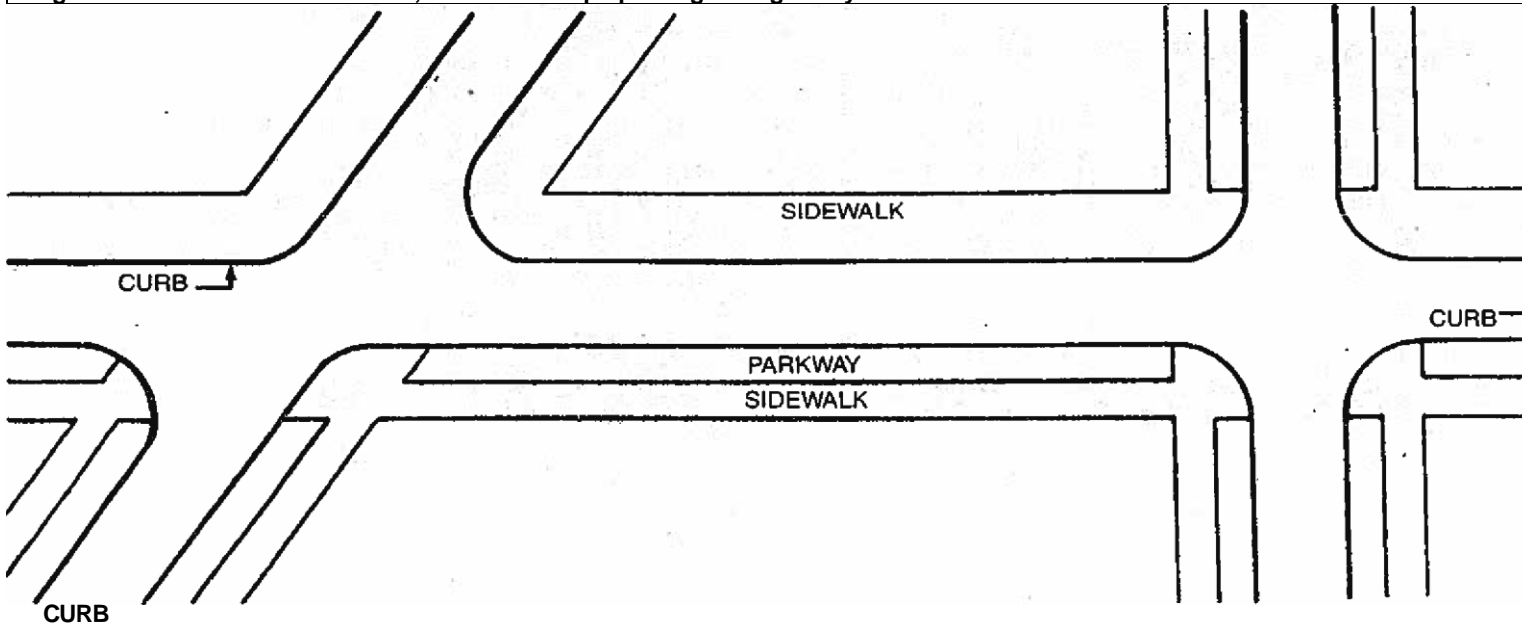
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

DOCTORS and HOSPITALS:

Hospital _____	Address _____	Date Hospitalized _____
Doctor _____	Address _____	Date of Treatment _____
Doctor _____	Address _____	Date of Treatment _____

READ CAREFULLY

For all accident claims place on following diagram names of streets. Including North, East, South, and West; indicate place of accident by "X" and by showing 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 and by "B" location of yourself or your vehicle when you first saw City vehicle; location of City vehicle at time of accident by "A-1" and location of yourself or your vehicle the time of the accident by "B-1" and the point of impact by "X" NOTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by claimant.



Signature of Claimant or person filing on their behalf and relationship to Claimant:	Typed or Printed Name:	Date:
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NOTE: CLAIMS MUST BE FILED WITH CITY CLERK (Gov. Code Sec. 915a). Presentation of a false claim is a felony (Pen. Code Sec. 72.)