

**FILE WITH:****OFFICE OF THE CITY  
CLERK****240 W. HUNTINGTON  
DRIVE  
ARCADIA, CA 91007****CITY OF ARCADIA  
CLAIM FORM****(A CLAIM SHALL BE PRESENTED BY THE CLAIMANT OR BY A PERSON  
ON HIS/HER BEHALF)****RESERVE FOR  
FILING STAMP****INSTRUCTIONS**

- 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.)**
- Claims for damages to real property must be filed not later than one year after the occurrence. (Gov. Code Sec. 911.2.)**
- Read entire claim before filing. Omitting information may make your claim legally insufficient.**  
Please print legibly. Claim form must be signed.
- Attach separate sheets and/or diagram, if necessary, to give full details. Sign each sheet.**
- Claims must be filed with the City Clerk.**

Name of Claimant:	Date of Birth of Claimant:	
Home Address of Claimant:	City, State and Zip Code	Occupation of Claimant:
Business Address of Claimant:	City, State and Zip Code	Home Telephone Number:
Provide address and telephone number you desire notices or communications be sent:	Business Telephone Number:	
Other addresses where you would like notices or communication be sent regarding this claim:	Claimant's Social Security No.	

List the date and location of the occurrence or transaction which gave rise to the claim asserted. Precisely where did the DAMAGE or INJURY occur. Describe fully, and locate on diagram on reverse side of this sheet. Where appropriate, give street names and address and measurements from landmarks:

**Date:** \_\_\_\_\_ **Location:** \_\_\_\_\_

If Claim is for Equitable Indemnity, give date claimant served with the complaint: \_\_\_\_\_

Explain what happened — Provide complete information including why you believe the City is responsible:

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Give the name or names of the public employee or employees causing the injury, damage, or loss, if known:

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Give a general description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of presentation of the claim:

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Show the amount claimed as of the date of presentation of the claim (if less than \$ 10,000.00), including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed:

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Was accident or injury investigated by police? \_\_\_\_\_ If so, what city? \_\_\_\_\_

Were paramedics or ambulance called? \_\_\_\_\_ If so, name city or ambulance company: \_\_\_\_\_

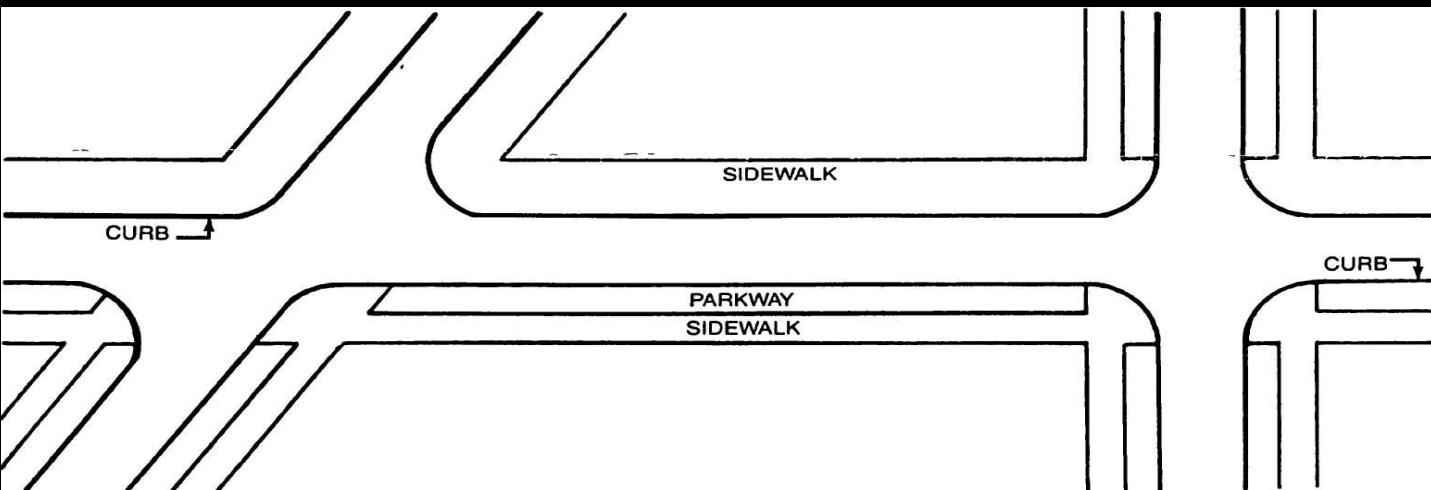
If injured, state date, time and address of Hospitals or doctors who have treated you:

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#### READ CAREFULLY

For all accident claims, place on the 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 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 when you first saw City vehicle; location of City vehicle at time of accident by "A-1" and location of yourself or your vehicle at 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 his behalf, giving relationship to Claimant: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Note: This form is provided for your convenience. This form is not required in order to file a claim; any written claim which satisfies the requirements of California Government Code Section 910 and 910.2 may be submitted.