

The amount claimed, as of the date of presentation of this claim, is computed as follows:

<u>Damages incurred to date (exact):</u>		<u>Estimated prospective damages as far as known:</u>	
Damages to Property:	\$ _____	Future expenses for medical and hospital care:	\$ _____
Expenses for medical and hospital care:	\$ _____	Future loss of earnings:	\$ _____
Loss of earnings:	\$ _____	Other prospective special damages:	\$ _____
Special damages for:	\$ _____	Prospective general damages:	\$ _____
General damages:	\$ _____		
TOTAL damages incurred to date:	\$ _____	Total estimate prospective damages:	\$ _____
TOTAL AMOUNT CLAIMED AS OF DATE OF PRESENTATION OF THIS CLAIM: \$ _____			

Was damage and/or injury investigated by Police? _____ If so, what City? _____
 Police Report No. _____
 Were paramedics or ambulance called? _____ If so, name of City or ambulance _____
 If injured, state date, time, name, and address of doctor of your first visit _____

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

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

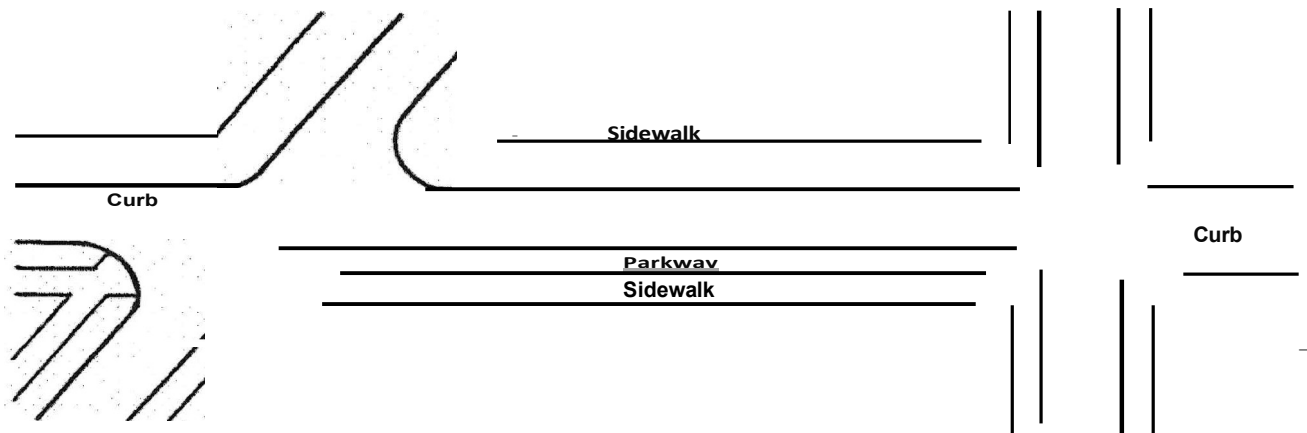
DOCTORS and HOSPITALS

Hospital _____	Address _____	Date Hospitalized _____
Doctor _____	Address _____	Date Treated _____
Doctor _____	Address _____	Date Treated _____

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 at the time of the accident by "B-1," and the point of impact by "X."

NOTE: If diagram below does not fit the situation, attach hereto a proper diagram signed by the claimant.



Signature of Claimant or person filing on his/her behalf giving relationship to Claimant:	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)