

# CLAIM FOR DAMAGES TO PERSON OR PROPERTY

<p><b>INSTRUCTIONS:</b></p> <ol style="list-style-type: none"><li>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)</li><li>2. Claims for damages relating to any other type of occurrence must be filed not later than one year after the occurrence. (Gov. Code Sec. 911.2)</li><li>3. Read the entire claim and fill out all mandatory fields (* = <b>mandatory</b>) before filing. (Gov. Code Sec. 910, 910.2) <b>THE FAILURE TO INCLUDE MANDATORY INFORMATION MAY RESULT IN YOUR CLAIM BEING RETURNED AS INSUFFICIENT.</b> (Gov. Code Sec. 910.8)</li><li>4. If necessary, attach separate sheets to provide full details, referencing the appropriate claim section number. <b>SIGN EACH SHEET.</b></li><li>5. Attach any relevant documents or reports supporting your claim.</li><li>6. Claim must be signed at the bottom of page 2.</li><li>7. Claims can only be filed with the City Clerk. (Gov. Code Sec. 915a) Claims can be filed online at <a href="https://claims.lacity.org/">https://claims.lacity.org/</a>, in person or mailed to: CITY CLERK, 200 NORTH SPRING STREET, ROOM 395, CITY HALL, LOS ANGELES, CA 90012</li><li>8. <b>FAXED OR EMAILED CLAIMS WILL NOT BE ACCEPTED.</b></li></ol>	<p>RESERVE FOR FILING STAMP CLAIM NO. _____</p>
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**TO: CITY OF LOS ANGELES**

<p><b>1. CLAIMANT INFORMATION:</b></p> <p>*Name: _____ Date of Birth: _____ Email Address: _____ *Phone Number: _____ *Address: _____</p> <p><input type="checkbox"/> Indicate if claim notices or communications should be sent to someone other than the claimant (e.g. attorney or insurance representative). <b>If checked, complete the information below:</b></p> <p>*Name: _____ *Relationship to Claimant: _____ Email Address: _____ *Phone Number: _____ *Address: _____</p>
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<p><b>2. FACTUAL ALLEGATIONS:</b></p> <p>*How did damage or injury occur?</p>          <p>_____ *Please provide the date and time of the damage or injury.</p> <p>_____ *Where did damage or injury occur? Please provide the closest street address or cross-street and use the diagram on page 2.</p> <p>_____ *Why do you claim the City of Los Angeles is responsible for your damage or injury?</p>
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**SEE PAGE 2 (OVER)**

**THIS CLAIM MUST BE SIGNED ON REVERSE SIDE**

**3. WITNESSES AND INVOLVED PARTIES:**

**\*Give the names of City employees and their contact information, City vehicle license plate numbers, and the City department or bureau responsible for the act or omission you claim caused the damage or injury, if known.**

Did you report the act or omission? If so, please identify who you reported it to, provide their contact information and any report, service or claim numbers.

Please list the names and contact information for Witnesses, Doctors and Hospitals

**4. DAMAGES:**

**\*What damage or injuries do you claim resulted?** \_\_\_\_\_

**\*What is the total amount of your claim:** \$ \_\_\_\_\_

**\*Itemize your damages:**  Property Damages: \$ \_\_\_\_\_  Bodily Injury: \$ \_\_\_\_\_

Other (specify) \_\_\_\_\_ : \$ \_\_\_\_\_

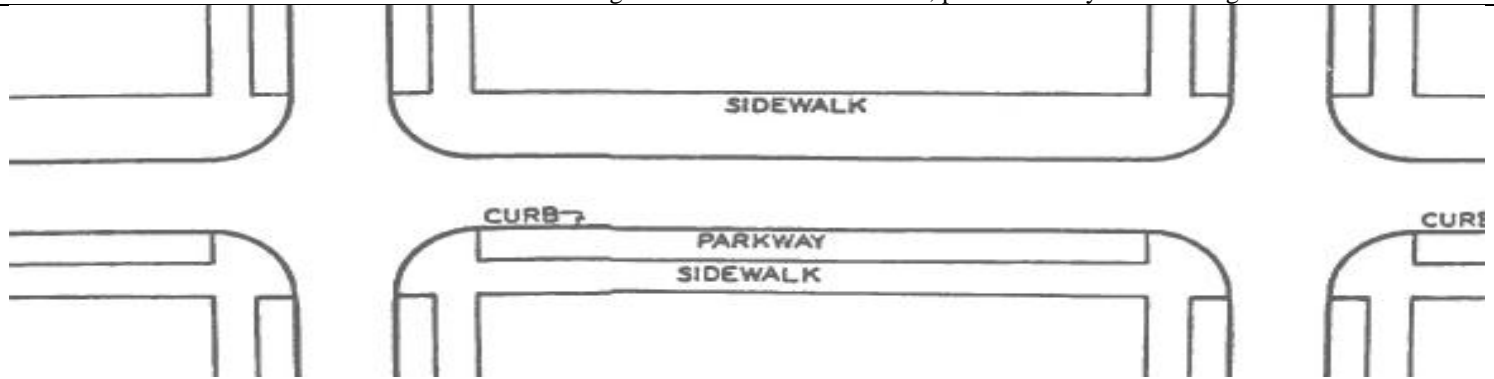
Attach any relevant documents or reports supporting your claimed damages.

**5. INSURANCE:**

If you had insurance at the time of the act or omission, please give the name and contact information for your insurance company, handling representatives and any amounts paid:

**6. ACCIDENT DIAGRAM:**

For all accident claims, place the street names where the accident occurred and the nearest cross-streets on the diagram, while indicating the location of the accident with an "X". Note: if the diagram does not fit the situation, please attach your own diagram.



**I declare under penalty of perjury that the foregoing, including any attachments, is true and correct:**

\_\_\_\_\_  
**\*Signature of Claimant or Person Filing  
on Claimant's Behalf**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Relationship to Claimant**

**CRIMINAL PENALTY FOR PRESENTING A FALSE OR FRAUDULENT CLAIM IS IMPRISONMENT OR FINE OR BOTH. (PENAL CODE §72)**