



CITY OF INDUSTRY  
P.O. Box 3366, City of Industry, CA 91744  
Administrative Offices: 15625 Mayor Dave Way  
(626) 333-2211  
jgrobles@cityofindustry.org

**LIABILITY**  
PUBLIC ENTITY CLAIM REPORTING FORM  
FOR ALL PERSONS OR PROPERTY

DEPT. \_\_\_\_\_

CLAIM# \_\_\_\_\_

DATE FILED \_\_\_\_\_

COPIES TO:

\_\_\_\_\_

\_\_\_\_\_

PUBLIC ENTITY: \_\_\_\_\_

ATTENTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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. ATTACH SEPARATE SHEETS, IF NECESSARY, TO GIVE FULL DETAILS.

NAME OF CLAIMANT: \_\_\_\_\_ AGE: \_\_\_\_\_

HOME ADDRESS OF CLAIMANT (STREET, CITY AND STATE) \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

BUSINESS ADDRESS OF CLAIMANT (STREET, CITY AND STATE) \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

GIVE ADDRESS TO WHICH YOU DESIRE NOTICES OR COMMUNICATIONS TO BE SENT REGARDING THIS CLAIM:

DATE OF ACCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

PLACE OF ACCIDENT (BE SPECIFIC) \_\_\_\_\_

HOW DID DAMAGE OR INJURY OCCUR? (BE SPECIFIC) \_\_\_\_\_

WERE POLICE AT SCENE? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF PUBLIC ENTITY'S EMPLOYEE CAUSING THE INJURY OR DAMAGE, IF KNOWN \_\_\_\_\_

GIVE TOTAL AMOUNT OF CLAIM (INCLUDE ESTIMATE AMOUNT OF ANY PROSPECTIVE INJURY OR DAMAGE).

HOW WAS AMOUNT OF CLAIM COMPUTED? (BE SPECIFIC. LIST DOCTOR BILL, WAGE RATE, REPAIR ESTIMATES, ETC.). PLEASE ATTACH TWO ESTIMATES: \_\_\_\_\_

THIS CLAIM MUST BE SIGNED ON REVERSE SIDE

EXPENDITURES MADE ON ACCOUNT OF ACCIDENT OR INJURY (DATE AND ITEM). \_\_\_\_\_

NAME AND ADDRESS OF WITNESSES, DOCTORS AND HOSPITALS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

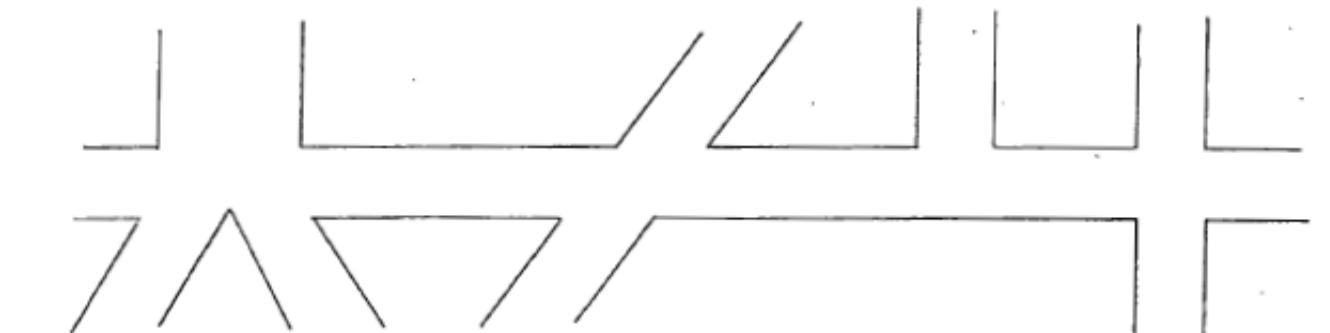
**PLEASE READ THE FOLLOWING CAREFULLY:**

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.

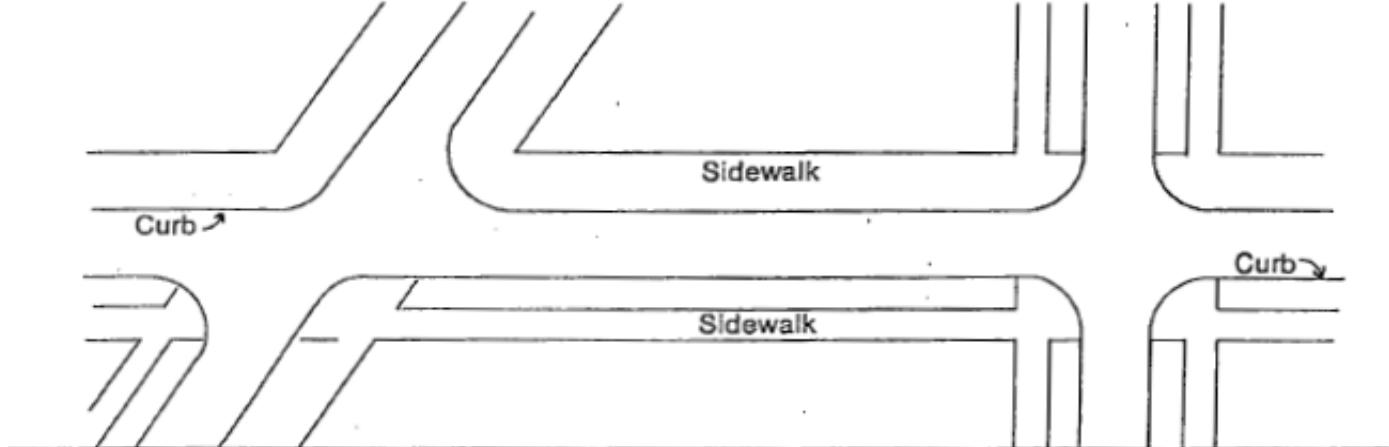
If Public Entity's Vehicle was involved, designate by letter "A" location of Public Entity's Vehicle when you first saw it and by "B" location of yourself or your vehicle when you first saw Public Entity Vehicle; location of Public Entity vehicle at time of accident by "A-1" and location of yourself or your vehicle by 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.

For Automobile Accidents



For Other Accidents



I HAVE READ THE FOREGOING CLAIM AND KNOW THE CONTENTS THEREOF: AND CERTIFY THAT THE SAME IS TRUE OF MY OWN KNOWLEDGE EXCEPT AS TO THOSE MATTERS WHICH ARE HEREBY STATED UPON MY INFORMATION AND BELIEF: AND AS TO THOSE MATTERS I BELIEVE TO BE TRUE. I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

Note: Presentation of a false claim is a felony (CAL. PEN. CODE 72).