

# CLAIMS FOR DAMAGES TO PERSON OR PROPERTY

COUNTY OF LOS ANGELES



**INSTRUCTIONS:**

1. Read claim thoroughly.
2. Fill out claim as indicated; attach additional information if necessary.
3. Return this original signed claim and any attachments supporting your claim. This form must be signed.

DELIVER OR U.S. MAIL TO:  
 EXECUTIVE OFFICER, BOARD OF SUPERVISORS, ATTENTION: CLAIMS  
 500 WEST TEMPLE STREET, ROOM 383,  
 KENNETH HAHN HALL OF ADMINISTRATION, LOS ANGELES, CA 90012  
 (213) 974-1440

TIME STAMP OFFICE USE ONLY
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1. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. LAST NAME FIRST NAME M.I.	10. WHY DO YOU CLAIM COUNTY IS RESPONSIBLE?
2. ADDRESS OF CLAIMANT	
CITY STATE ZIP CODE	
HOME PHONE ( )	ALTERNATE PHONE ( )
3. CLAIMANT'S BIRTHDATE:	4. CLAIMANT'S SOCIAL SECURITY NUMBER
5. ADDRESS TO WHICH CORRESPONDENCE SHOULD BE SENT	
STREET CITY, STATE ZIP CODE	
6. DATE AND TIME OF INCIDENT	11. NAMES OF ANY COUNTY EMPLOYEES (AND THEIR DEPARTMENTS) INVOLVED IN INJURY OR DAMAGE (IF APPLICABLE):
7. WHERE DID DAMAGE OR INJURY OCCUR?	NAME DEPARTMENT
STREET CITY, STATE ZIP CODE	NAME DEPARTMENT
8. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED AND LIST DAMAGES (attach copies of receipts or repair estimates):	12. WITNESS(ES) TO DAMAGES OR INJURY: LIST ALL PERSONS AND ADDRESSES OF PERSONS KNOWN TO HAVE INFORMATION:
	NAME PHONE ( )
	ADDRESS
	NAME PHONE ( )
	ADDRESS
9. WERE POLICE OR PARAMEDICS CALLED? YES <input type="checkbox"/> NO <input type="checkbox"/>	13. IF PHYSICIAN(S) WERE VISITED DUE TO INJURY, PROVIDE NAME, ADDRESS, PHONE NUMBER, AND DATE OF FIRST VISIT FOR EACH:
(IF YES) AGENCY'S NAME REPORT #	DATE OF FIRST VISIT PHYSICIAN'S NAME PHONE ( )
CHECK IF LIMITED CIVIL CASE <input type="checkbox"/>	STREET CITY, STATE ZIP CODE
TOTAL DAMAGES TO DATE TOTAL ESTIMATED PROSPECTIVE DAMAGES	DATE OF FIRST VISIT PHYSICIAN'S NAME PHONE ( )
\$ \$	STREET CITY, STATE ZIP CODE

**THIS CLAIM MUST BE SIGNED**

*NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE SECTION 72)*

**CLAIMS FOR DEATH, INJURY TO PERSON OR TO PERSONAL PROPERTY MUST BE FILED NOT LATER THAN 6 MONTHS AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)**

**ALL OTHER CLAIMS FOR DAMAGES MUST BE FILED NOT LATER THAN ONE YEAR AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)**

14. PRINT OR TYPE NAME	DATE	15. SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS/HER BEHALF GIVING RELATIONSHIP TO CLAIMANT	DATE
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