

NOTICE TO CLAIMANTS

After you file your claim, it will be investigated by the City, which will take from two to six weeks. If the City determines that the facts and the law relating to your claim entitle you to the damages which you have claimed, a settlement offer will be mailed to you; otherwise your claim will be denied. If you don't receive either an offer or rejection within eight weeks, please call the City Attorney's Office at (805) 583-6714 between the hours of 8:00 a.m. and 5:00 p.m.

**CLAIM FOR DAMAGE
TO PERSON OR PROPERTY**

RESERVE FOR FILING STAMP

Page 1 of 2

INSTRUCTIONS

1. Claims for death, injury to person or to personal property must be filed not later than 6 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 before filing.
4. See page 2 for diagram to designate location of accident.
5. This claim form must be signed at the bottom of page 2.
6. Attach separate sheets, if necessary, to give full details. **SIGN EACH SHEET.**
7. Claim must be filed with City Clerk. (Gov. Code Sec. 915a)

TO: CITY OF SIMI VALLEY

Date of Incident

CLAIM No. _____

Name of Claimant

Birthdate of Claimant (if natural person)

Home Address of Claimant

City, State and Zip Code

Home Telephone Number

Business Address of Claimant

City, State and Zip Code

Business Telephone Number

Give the address to which you desire notices or communications be sent regarding this claim.

How did DAMAGE or INJURY occur? Give full particulars.

When did incident giving rise to the DAMAGE or INJURY occur? Give full particulars, date, time of day.

Where did DAMAGE or INJURY occur? Describe fully and locate specifically on diagram on reverse side of this sheet. Where appropriate, give street name and addresses and distances from landmarks.

What particular ACT or OMISSION of the City or its employees do you claim caused the injury or damage? Give names of City employees and license plate number of vehicles causing the injury or damage, if known.

What DAMAGES or INJURIES do you claim resulted? Give full extent of injuries or damages claimed.

What AMOUNT do you claim on account of each item of injury or damage as of date of presentation of this claim, giving the basis of computation.

Give ESTIMATED AMOUNT as far as known of each item of prospective injury or damage, giving the basis of each item.

Expenditures made on account of accident or injury: Date Paid: Item: Amount:

Name and address of witnesses and police report numbers:

Name and address of doctors and hospitals:

If this is an indemnification claim, please give date upon which underlying civil complaint was served on claimant.

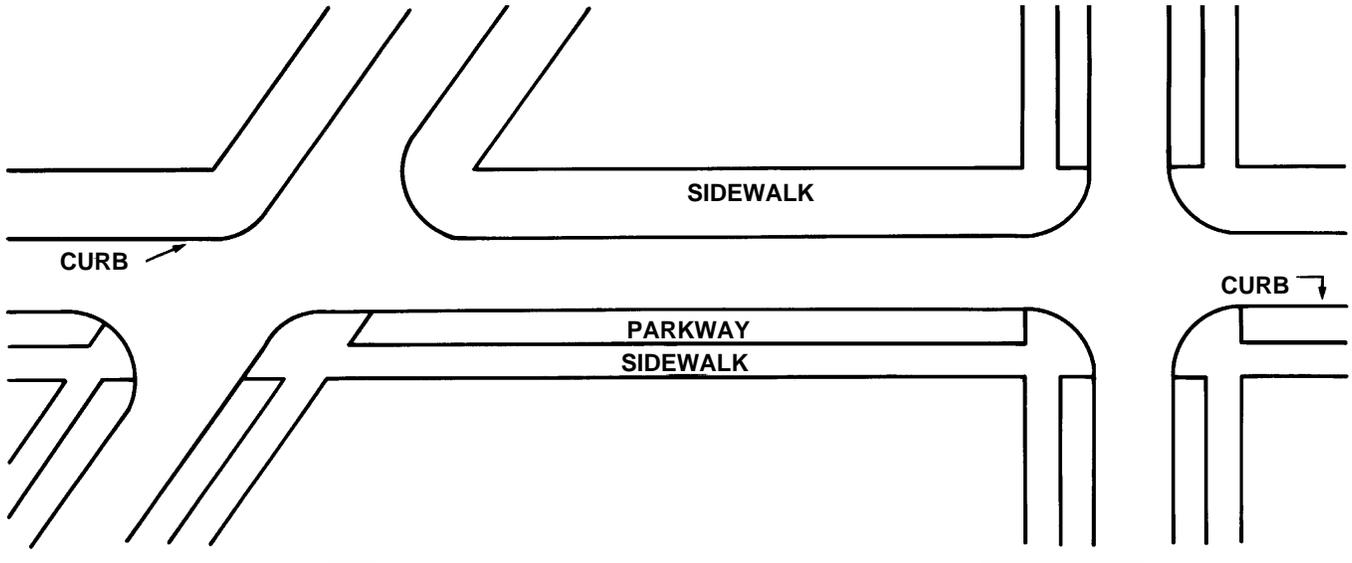
READ CAREFULLY

For all accident claims, place on the following diagram names of streets and indicate direction. Indicate the place of accident by "X" and show house numbers and distances to street corners.

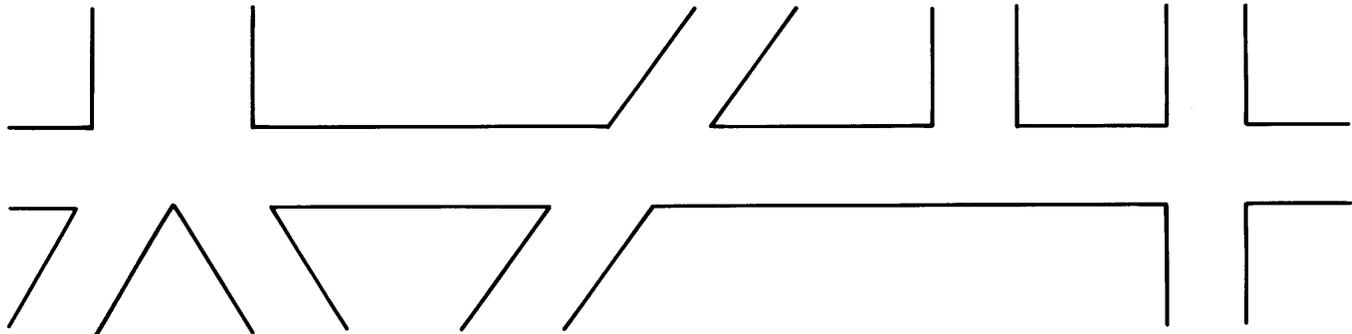
If a City vehicle was involved, designate by letter "A" the location of the City vehicle when you first saw it, and by "B" the location of yourself or your vehicle when you first saw the City vehicle; location of the City vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X."

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

FOR OTHER THAN AUTO ACCIDENTS



FOR AUTOMOBILE ACCIDENTS



Signature of Claimant or person filing on his behalf giving relationship to Claimant:	Typed Name:	Date
---	-------------	------

NOTE: All Claimants may be required to be examined as to their claim under oath. Presentation of a false claim is a felony (Cal. Pen. Code Sec. 72)

CLAIMS MUST BE FILED WITH CITY CLERK (GOV. CODE SEC. 915a). The Mailing Address is:
City of Simi Valley (City Clerk)
2929 Tapo Canyon Road
Simi Valley, CA, 93063