



CLAIM FOR DAMAGES

NOTE: A claim relating to a cause of action for death or for injury to person or to personal property or grown crops shall be presented not later than six (6) months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented not later than one (1) year after the accrual of the cause of action. (Refer to California Government Code Section 911.2)

INSTRUCTIONS: Deliver or mail the completed claim form to City of Fresno, Risk Management, 2600 Fresno Street, Room 1030, Fresno, CA 93721-3612.

OFFICIAL USE ONLY

Sign and date all attachments to the claim form

Name of Claimant (Injured or Damaged Party)	Birthdate of Claimant
Home Address of Claimant City/State/Zip Code	Home Telephone Number
Business Address of Claimant City/State/Zip Code	Business Telephone Number
Social Security Number of Claimant	CA Drivers License Number
Name of Person to whom any Notices concerning Claim should be sent (If different from above)	Relationship to Claimant
Address of Person to whom any Notices concerning Claim should be sent (If different from above)	Telephone Number
When did Injury, Damage or Loss occur? (Date and Time)	Police Report Number
Where did Injury, Damage or Loss occur? (Location Name, Street Address, Intersecting Streets, etc.)	
How did Injury, Damage or Loss occur? (Provide full details - Use separate sheets, if necessary)	
What did City or City Employee(s) do to cause the Injury, Damage or Loss? What are the name(s) of City Employee(s) who caused the Injury, Damage or Loss (If known)?	
Describe the Injury, Damage or Loss claimed. (Provide full details - Attach any medical records and use separate sheets, if necessary.)	
What is the amount of Injury, Damage or Loss claimed, including the estimated amount of any future Injury, Damage or Loss. (Itemize and attach medical bills, property damage estimates, etc.-Use separate sheets, if necessary). If the amount claimed exceeds \$10,000.00, no dollar amount shall be included. However, you shall indicate whether the claim would be a limited civil case. (Refer to California Government Code Section 910[f])	
Name, Address & Telephone Number of Witness(es), Doctor(s) and/or Hospital(s). (Use separate sheets, if necessary).	
Signature of Claimant or Person acting on Claimant's behalf	Date