

FILE WITH: YOLO COUNTY BOARD OF SUPERVISORS 625 Court Street, Room 204 Woodland, CA 95695	CLAIM FOR DAMAGES TO PERSON OR PROPERTY		RESERVE FOR FILING STAMP CLAIM NO. _____
INSTRUCTIONS			
<ol style="list-style-type: none"> 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 filled not later than 1 year after the occurrence. 3. Read entire claim form before filling. 4. See page 2 for diagram upon which to locate place of accident. 5. This claim form must be signed on page 2 at bottom. 6. Attach separate sheets, if necessary, to give full details. SIGN EACH SHEET. 			
TO:			Date of Birth of Claimant:
Name of Claimant:			Occupation of Claimant:
Home Address of Claimant:	City and State:	Zip Code:	Home Telephone Number:
Business Address of Claimant:	City and State:	Zip Code:	Business Telephone Number:
Give address and telephone number to which you desire notices or communications to be sent.			Claimant's Social Security No:
When did DAMAGE or INJURY occur? Date _____ Time _____ If claim is for Equitable Indemnity, give date claimant served with the complaint: Date: _____	Names of any county employees involved in INJURY or DAMAGE?		
Where did DAMAGE or INJURY occur? Describe fully, and locate on diagram on reverse side of this sheet. Where appropriate, give street names and address and measurements from landmarks:			
Describe in detail how the DAMAGE or INJURY occurred:			
Why do you claim the county is responsible?			
Describe in detail each INJURY or DAMAGE:			

The amount claimed, as of the date of presentation of this claim, is computed as follows:

Damages incurred to date (exact):

Damage to property.....\$ _____
Expenses for medical and hospital care.....\$ _____
Loss of earnings.....\$ _____
Special damages for.....\$ _____
General damages.....\$ _____
Total damages incurred to date.....\$ _____

Estimated prospective damages as far as known:

Future expenses for medical and hospital care.....\$ _____
Future loss of earnings.....\$ _____
Other prospective special damages.....\$ _____
Prospective general damages.....\$ _____
Total estimate prospective damages.....\$ _____

Total amount claimed as of date of presentation of this claim: \$ _____

Was damage and/or injury investigated by police? _____ If so, what city? _____

Where paramedics or ambulance called? _____ If so, name city or ambulance _____

If injured, state date, time, name and address of doctor of your first visit _____

WITNESSES to DAMAGE or INJURY: List all persons and addresses of persons known to have information:

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

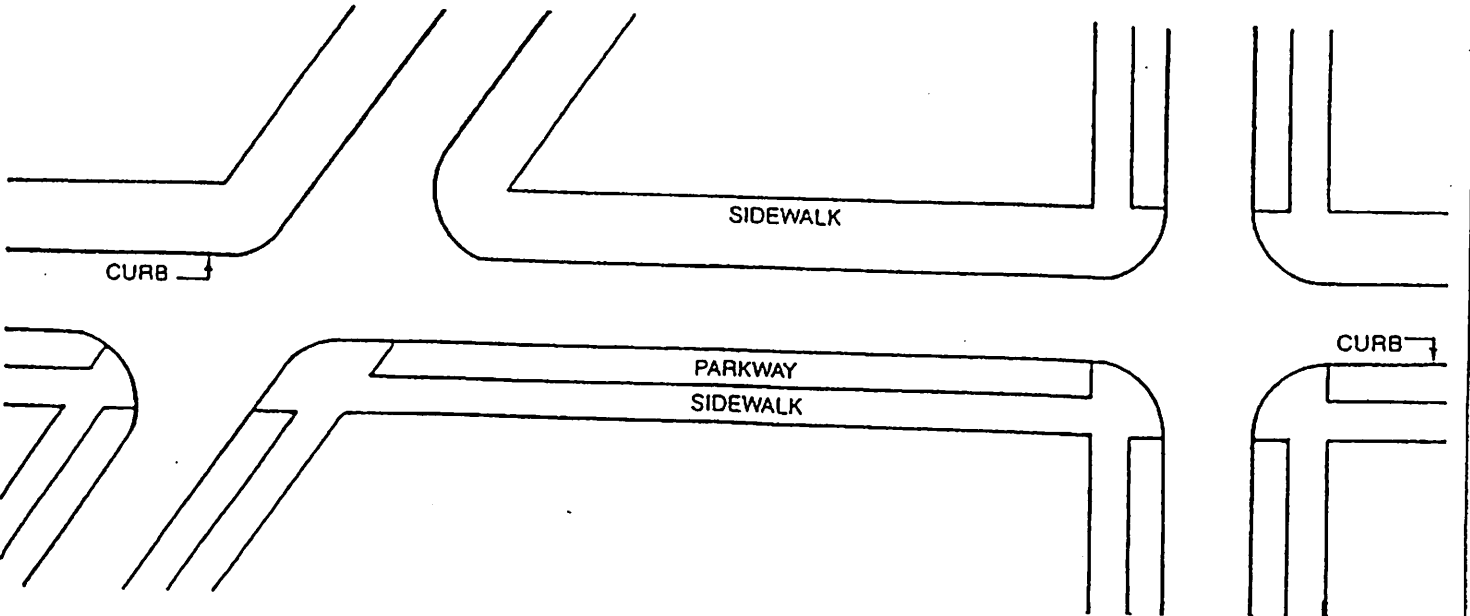
DOCTORS and HOSPITAL:

Hospital _____ Address _____ Date Hospitalized _____
Doctor _____ Address _____ Date Hospitalized _____
Doctor _____ Address _____ Date Hospitalized _____

READ 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 County Vehicle was involved, designate by letter "A" location of County Vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw County Vehicle; location of County 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 diagram below does not fit the situation, attach hereto a proper diagram signed by claimant.



Signature of claimant or person filing on his behalf giving relationship to Claimant:

Printed Name:

Date: