



LIABILITY CLAIM FORM

LIABILITY CLAIM FORM FOR ALL PERSONS AND PROPERTY

TO: CITY OF SOUTH GATE
CITY CLERK'S OFFICE
8650 CALIFORNIA AVENUE
SOUTH GATE, CA 90280

CLAIM NUMBER: _____
"CITY USE ONLY"

1. READ ENTIRE CLAIM BEFORE FILING.
2. ATTACH SEPARATE SHEETS, IF NECESSARY, TO GIVE FULL DETAILS.
3. THIS CLAIM MUST BE SIGNED AND FULLY COMPLETED TO AVOID FILING DELAYS.

PLEASE DO NOT WRITE ABOVE THIS LINE

CLAIMANT INFORMATION

NAME: _____ DOB: _____

DRIVERS LICENSE #: _____ SOCIAL SECURITY #: _____

HOME ADDRESS: _____

BUSINESS (WORK) ADDRESS: _____

HOME # _____ BUSINESS # _____ MESSAGE # _____

MAILING ADDRESS FOR NOTICES REGARDING THIS CLAIM, IF DIFFERENT FROM ABOVE:

HAVE YOU EVER FILED A LIABILITY CLAIM FORM WITH THE CITY BEFORE?

NO _____ YES _____

IF YES _____

(DATE)

(CLAIM #)

(IF MORE THAN ONE (1) CLAIM PREVIOUSLY FILED ATTACH ADDITIONAL SHEET)

ACCIDENT/INCIDENT INFORMATION

(PLEASE BE THOROUGH AND SPECIFIC. ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

PLACE OF INCIDENT: _____

DESCRIBE EACH AND EVERY ACT OR OMISSION WHICH CAUSED YOU INJURY OR DAMAGE AND DESCRIBE HOW IT OCCURRED: _____

GIVE THE NAME(S) OF THE CITY EMPLOYEE(S) CAUSING THE INJURY OR DAMAGE, IF KNOWN: _____

DESCRIBE EACH AND EVERY TYPE AND/OR ITEM OF INJURY OR DAMAGE YOU HAVE SUFFERED: _____

GIVE TOTAL AMOUNT OF CLAIM: _____
(INCLUDE THE ESTIMATED AMOUNT OF ANY FUTURE INJURY OR DAMAGE)

IF THE AMOUNT OF THE CLAIM EXCEEDS \$10,000.00 DOES THE JURISDICTION LIE WITH THE MUNICIPAL OR THE SUPERIOR COURT?

MUNICIPAL: _____ SUPERIOR: _____

LIST EACH AND EVERY SPECIFIC EXPENDITURE OR ITEM USED IN COMPUTING THE AMOUNT OF THIS CLAIM. LIST ALL DOCTOR'S INVOICES, WAGE LOSSES, REPAIR ESTIMATES, RECEIPTS, PICTURES OF ACCIDENT/INCIDENT, ETC. (ATTACH TWO (2) ESTIMATES FOR REPAIRS. INCLUDE THE DATE AND ITEM OF EACH EXPENDITURE MADE ON ACCOUNT OF THE ACCIDENT OR INCIDENT.)

WERE POLICE AT THE SCENE? YES _____ NO _____

WAS A POLICE REPORT MADE? YES _____ NO _____
(Please attach copy if available)

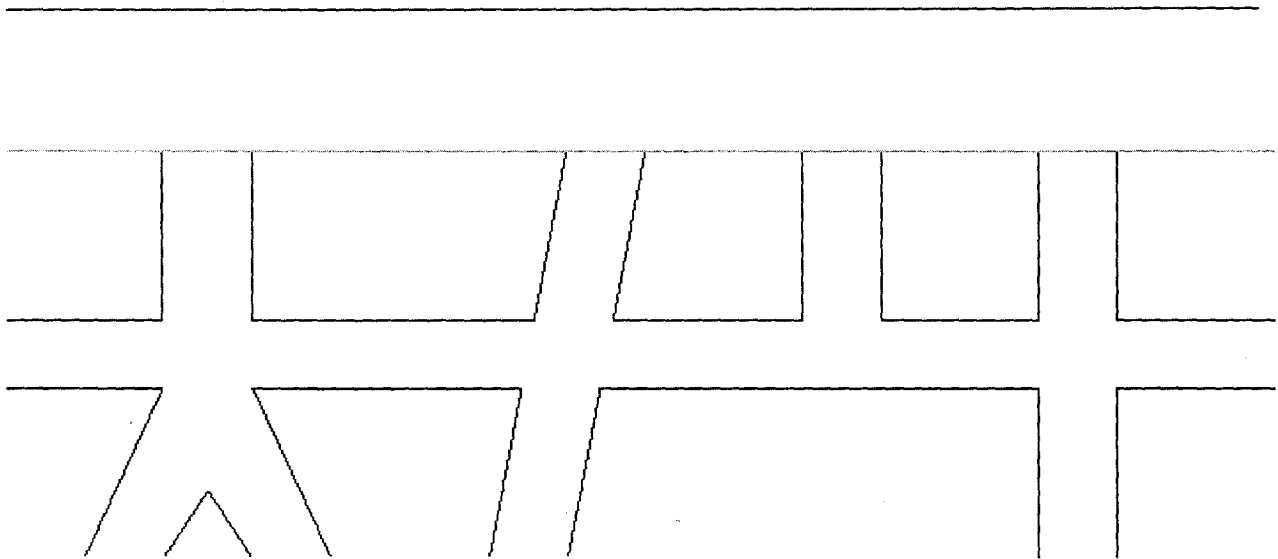
NAME(S) AND ADDRESS(ES) OF WITNESSES, DOCTORS AND HOSPITALS: _____

PLEASE READ THE FOLLOWING CAREFULLY:

FOR ALL ACCIDENT CLAIMS, PLACE ON THE FOLLOWING DIAGRAM, NAMES OF STREETS, INCLUDING NORTH, SOUTH, EAST, AND WEST: INDICATE THE PLACE OF ACCIDENT BY "X" AND BY SHOWING HOUSE NUMBERS OR DISTANCES TO CORNER STREETS.

IF A CITY VEHICLE WAS INVOLVED, DESIGNATE BY LETTER "A" THE LOCATION OF CITY VEHICLE WHEN YOU FIRST SAW IT, AND BY "B" THE LOCATION OF YOURSELF OR YOUR VEHICLE WHEN YOU FIRST SAW THE CITY VEHICLE. DESIGNATE THE LOCATION OF THE CITY VEHICLE AT THE TIME OF THE ACCIDENT BY "A-1"; THE 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.



WARNING

I UNDERSTAND PURSUANT TO CALIFORNIA PENAL CODE SECTION 72, IT IS A CRIME TO PRESENT A FRAUDULENT CLAIM TO A PUBLIC ENTITY WITH THE INTENT TO DEFRAUD SAID PUBLIC ENTITY.

DATED: _____

SIGNED: _____