

(Rev. 7/16)

LIABILITY

City Claim Reporting Form
For all Persons or Property

DATE FILED _____
CLAIM NO. _____
DEPT. _____

FROM
CITY OF LYNWOOD
11330 BULLIS ROAD
LYNWOOD, CA 90262

ADMINISTRATOR
ADMINSURE
1470 S VALLEY VISTA DR, SUITE 230
DIAMOND BAR CA 91765

-
-
1. CLAIMS FOR DEATH, INJURY TO PERSON, OR TO PERSONAL PROPERTY, MUST BE FILED NO LATER THAN SIX (6) MONTHS AFTER THE OCCURRENCE (Gov. Code, Sec. 911.2).
 2. CLAIMS FOR DAMAGES TO REAL PROPERTY MUST BE FILED NOT LATER THAN ONE (1) YEAR AFTER THE OCCURANCE (Gov. Code, Sec. 911.2).
 3. READ ENTIRE CLAIM FORM BEFORE FILING.
 4. ATTACH SEPARATE SHEETS, IF NECESSARY, TO GIVE FULL DETAILS.
-
-

Name of Claimant: _____

Date of Birth: _____ Social Security No.: _____

Home address of claimant: _____

City: _____ State: _____ Zip Code: _____ Telephone No.: _____

Give address to which you desire notice or communication to be sent regarding this claim: _____

_____ City: _____ State: _____ Zip Code: _____

Date of Accident: _____ Time: AM _____ PM _____

Place of Accident: _____

How did damage or injury occur? (Give full details)

Were Sheriffs at the scene? Yes _____ No _____ File No. (If known): _____

What particular act or omission do you claim caused the injury or damage? Give the name of the City employee causing the injury or damage, if known: _____

Give total amount of claim (include estimate amount of any prospective injury or damage: _____

How was amount of claim computed? (Be specific. List doctor bills, wage rate repair estimates, etc.)
Please attach two estimates. _____

Expenditures made on account of accident or injury (date and item): _____

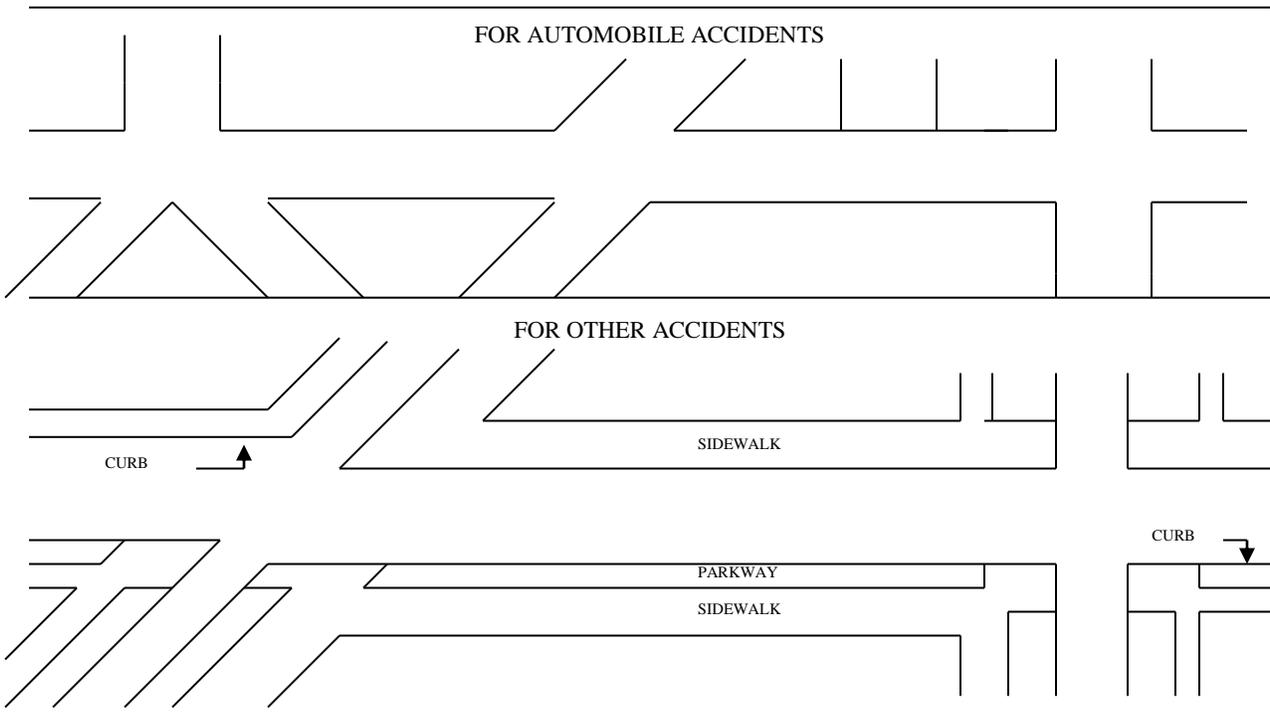
Name of address of witnesses, doctors and hospitals: _____

PLEASE READ THE FOLLOWING 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 distance to street corners.

If City vehicle was involved, designate by letter "A" location of City vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City vehicle; location of City vehicle at the 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 diagrams below do not fit the situation, attach a proper diagram signed by claimant



I HAVE READ THE FOREGOING CLAIM AND KNOW THE CONTENTS THEREOF: AND CERTIFY THAT THE SAME IS TRUE OF MY OWN KNOWLEDGE EXCEPT AS TO THOSE MATTERS WHICH ARE HERE STATED UPON MY INFORMATION AND BELIEF: AND AS TO THOSE MATTERS I BELIEVE IT TO BE TRUE. I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE _____

DATE _____