

FILE WITH:

Butte County Risk Management
 25 County Center Drive, Suite 213
 Oroville, CA 95965

**COUNTY OF BUTTE
 CLAIM FOR DAMAGES
 TO PERSON OR PROPERTY**



RESERVE FOR FILING STAMP

CLAIM NO. _____

INSTRUCTIONS

1. Read entire claim form before filing.
2. See reverse side for diagram upon which to locate place of accident.
3. This claim form must be signed on the reverse side at the bottom.
4. Attach separate sheets, if necessary, to give full details. **SIGN EACH SHEET.**
5. Claims for death, injury to person or personal property must be filed not later than six months after occurrence (Gov. Code Sec. 911.2.). Claims for damages to real property must be filed not later than 1 year after the occurrence (Gov. Code Sec. 911.2.).

Name of Claimant	Date of Birth of Claimant
Home Address of Claimant	Home Telephone Number
City, State and Zip Code	
Mailing Address of Claimant	Occupation of Claimant
City, State and Zip Code	
Business Address of Claimant	Business Telephone Number
City, State and Zip Code	
Give address and telephone number to which you desire notices or communications to be sent regarding this claim:	Claimant's Social Security Number

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
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Where did DAMAGE or INJURY occur? Describe fully and locate on diagram on reverse side of this sheet. Where appropriate, give street names, addresses 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.....\$ _____

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.....\$ _____

General damages\$ _____

Total damages incurred to date.....\$ _____

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

Was damage and/or injury investigated by police? _____ If so, City, County or State? _____
Were paramedics or ambulance called? _____ If so, name provider 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 HOSPITALS:

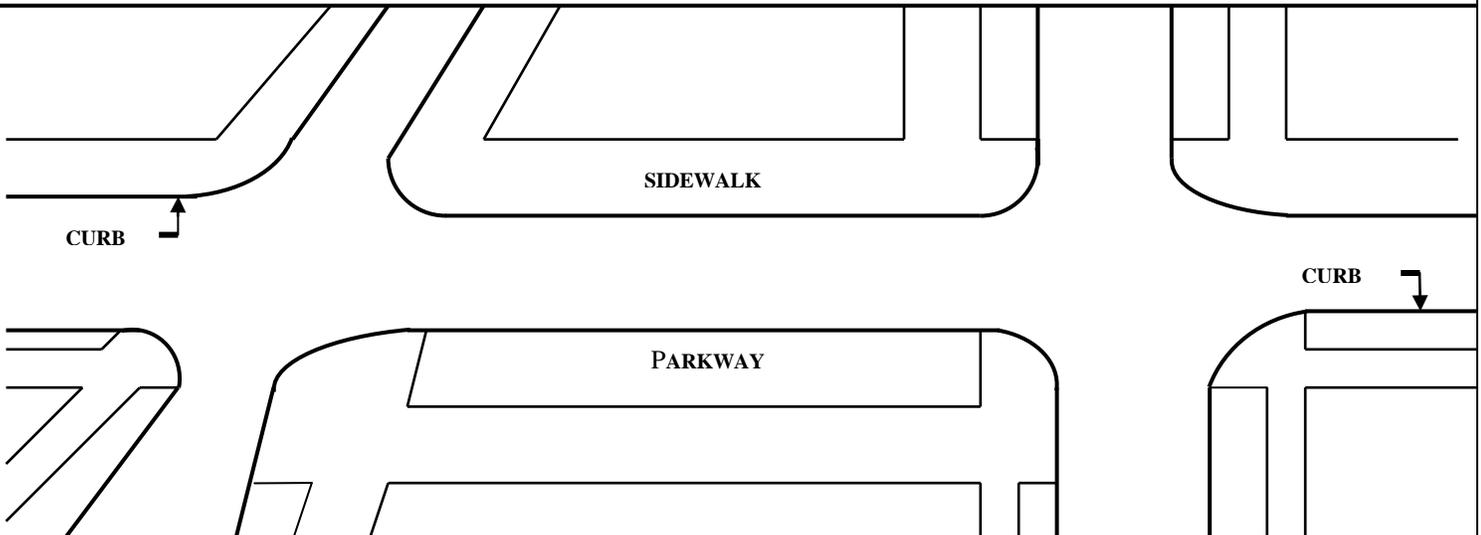
Hospital _____	Address _____	Date Hospitalized _____
Doctor _____	Address _____	Date of Treatment _____
Doctor _____	Address _____	Date of Treatment _____

PLEASE READ THE FOLLOWING CAREFULLY

For all accident claims, please complete the diagram below by indicating the names of streets, placing an "X" at the location of the incident, and showing house numbers or the approximate distance to the nearest cross street.

If a County vehicle was involved, designate by letter "A" the location of the county vehicle and by letter "B" the location of yourself or your vehicle.

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



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

Type/Print Name:

Date:

NOTE: CLAIMS MUST BE FILED WITH BUTTE COUNTY'S CLERK OF THE BOARD'S OFFICE (Gov. Code Sec. 915a).
Presentation of a false claim is a felony (Pen. code Sec. 72).