



# CLAIM FOR DAMAGES TO PERSON OR PROPERTY

## Butte County

Official Use Only

**❖ PLEASE READ ATTACHED INSTRUCTIONS FIRST**

- ❖ Completed claims must be mailed or delivered to:

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

<b>Section 1: Claimant Information</b>		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Street Address</b>	<b>City, State</b>	<b>Zip</b>
<b>Home Phone (include area code)</b>	<b>Work Phone (include area code)</b>	<b>E-mail Address</b>
<b>Birth Date</b>	<b>Social Security Number (required for Federal reporting requirements)</b>	<b>Are you receiving Medicare, or will you be receiving Medicare in the next 3 years?</b>  Yes      No
<b>Name, telephone and post office address to which claimant desires notices be sent, if other than above:</b>		
<b>Section 2: Claim Information</b>		
<b>Date of Occurrence or Event from which the claim arises:</b>	<b>Time of Occurrence or Event from which the claim arises:</b>	
<b>Location, including address (if none, nearest cross street) and city:</b>		
<b>Specify the particular occurrence, event, act or omission you claim caused the injury or damage (use additional paper if necessary):</b>		
<b>State how or wherein Butte County or its employees were at fault. Give the name(s) of the County department and employee(s) causing the damage or injury:</b>		

Give a description of the property damage or loss, as is known at the time of the claim:

Give a description of the injury, as is known at the time of the claim:

**Section 3: Damages Claimed**

Amount claimed as of this date: \$ \_\_\_\_\_  
Estimated amount of future costs: \$ \_\_\_\_\_  
Total amount claimed: \$ \_\_\_\_\_

Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.):

Was damage investigated by law enforcement? If so, provide which city, county or state agency and law enforcement report number:

**Section 4: Additional Information**

Names and contact information of witnesses, hospitals, doctors, etc.:

A.

B.

C.

Any additional information that might be helpful in considering this claim (attached additional sheets if necessary):

➤ **WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (PENAL CODE § 72; INSURANCE CODE § 556.1)**

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_

X \_\_\_\_\_  
Claimant or Claimant's Representative Print

X \_\_\_\_\_  
Claimant or Claimant's Representative Sign