

FILE WITH:

Butte County Finance & 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

City, State and Zip Code

Home Telephone Number

Mailing Address of Claimant

City, State and Zip Code

Occupation of Claimant

Business Address of Claimant

City, State and Zip Code

Business Telephone Number

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

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.

(OVER)

THIS CLAIM MUST BE SIGNED ON REVERSE SIDE

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 _____

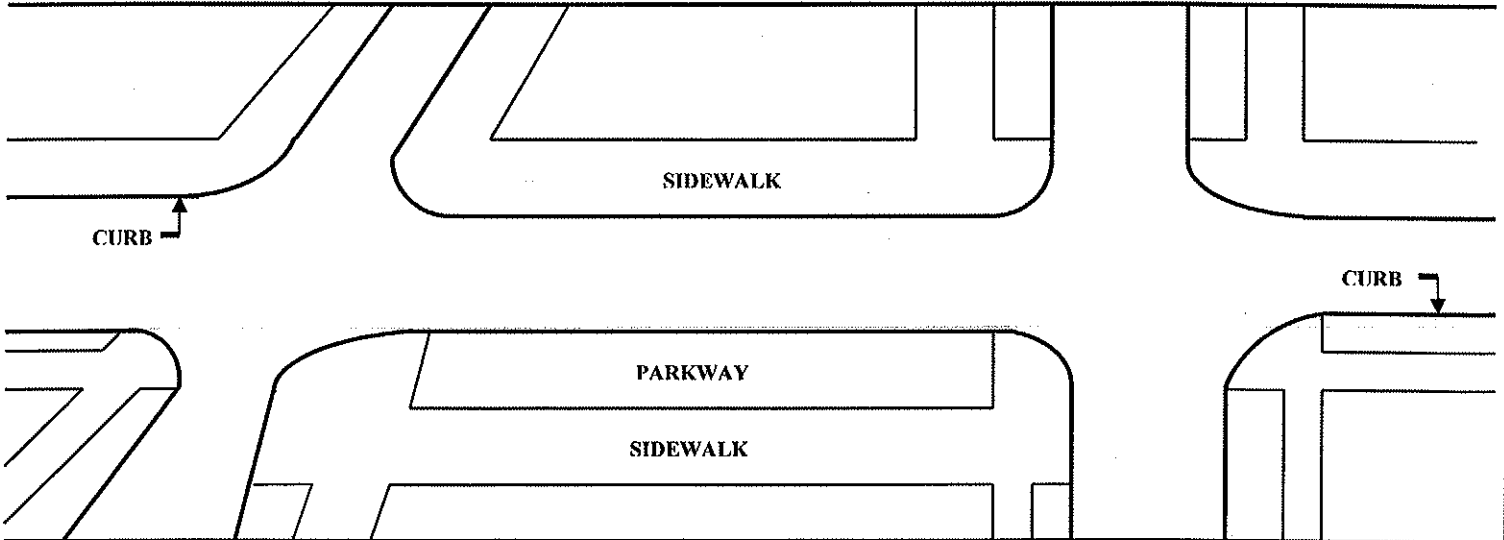
DOCTORS and HOSPITALS:

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

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:

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).**