-	TO PERSON OR PROPERTY				
 Claims for death, Injury to person or to personal prop than 6 months after the occurrence. (Gov. Code Set 2. Claims for damages to real property must be filed not occurrence. (Gov. Code Sec. 911.2) Read entire claim before filing. See page 2 for diagram upon which to locate place This claim form must be signed on page 2 at bottor Attach separate sheets, if necessary, to give full det 7. Claim must be filed with City Clerk. (Gov. Code Sec. 	of accident. also, SIGN EACH SHEET.				
TO: CITY OF VERNON CITY COUNCIL		A COLUMN A C			
Name of Claimant		Age of Claimant (if natural person)			
Home Address of Claimant	City and State	Home Telephone Number			
Business Address of Clalmant	City and State	Business Telephone Number			
Give address to which you desire notices or communication	ations to be sent regardin	g this claim:			
When did DAMAGE or INJURY occur? Give full particular where did DAMAGE or INJURY occur? Describe fully, and give street names and address and measurements from	locate on diagram on rever	se side of this sheet, where approximate,			
What particular ACT or OMISSION do you claim caused the or damage, if known:	e injury or damage?. Give na	nmes of City employees causing the injury			
What DAMAGE or INJURIES do you claim resulted? G	ive full extent of injuries (or damages claimed:			
What AMOUNT do you claim of each item of Injury or damage.	ge as of date of presentation	n of this claim, giving basis of computation:			
Give ESTIMATED AMOUNT as far as known you claim on a	account of each Item of pro	spective injury or damage, giving basis of			
computation:		•			

Insurance payments received, if any, and name of Insurance Company:

(Amount)

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 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 time of accident by "A-1" and location of yourself or your vehicle at the time of accident by "B-1" and the point of impact by "X."

NOTE: If diagrams do not fit the situation, attach hereto a proper diagram signed by claimant.

TOP AUTOMOBILE ACCUPENTS	· · · · · · · · · · · · · · · · · · ·	
FOR AUTOMOBILE ACCIDENTS		
		ļ.
		
FOR OTHER ACCIDENTS	1 1 1	
SIDEWALK		
CURB		CURB
PARKWAY		
7// /// SIDEWALK		
Signature of Claimant or person filing on his behalf, giving relationship to Claimant:	D	ate:

NOTE: All claimants may be required to be examined as to their claim under oath. Presentation of a false claim is a felony. CLAIMS MUST BE FILED WITH CITY CLERK (GOV. CODE SEC. 915a).

01, 20/2003 19:00

714-620-0645

ST PALL THE RANCE CO.

PAGE 09/12



SENDCLASH TO:
DEPT. OF WATER & POWAR
P.O. SOOK JIJIIL ROOM JE
ATTO: CLASHET SECTION
LOS ANGELES. CA SESSIONE

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NOTICE: YOU HAVE 6 MONTH'S TO FILE A CLAIM FOR DEATH, PERSONAL INJURY, OR DAMAGE TO PERSONAL PROPERTY, AND 1 YEAR TO FILE A CLAIM FOR DAMAGE TO REAL PROPERTY OR FOR ANY OTHER TYPE OF INCIDENT.