

CITY OF RANCHO CUCAMONGA

CLAIM FOR DAMAGE OR INJURY

Mail or Hand Deliver to:
City of Rancho Cucamonga
Attn: City Clerk's Office
10500 Civic Center Drive
Rancho Cucamonga, CA 91730

NOTE:

Name of Claimant: _____
(First Name) (Middle Initial) (Last Name)

Home Address: _____ Date of Birth: _____

City, State, Zip Code: _____

Social Security Number _____ Evening() _____ Cell() _____

Type of Loss: Personal Injury Other: _____ Police Report # _____

Property Damage Indemnity-Date Complaint Received _____

When did injury or damage occur? _____ AM/PM
(Month/Day/Year) (Day of Week) (Time)

Where did injury or damage occur? (Street address, intersecting streets, or other location) _____

How did injury or damage occur? (Describe accident or occurrence) _____

What action/inaction by the City, or its employees, caused your injury or damage? _____

What injury or damage did you suffer? _____

Name of any witnesses: _____

(Name) (Address) (Phone Number)

(Name) (Address) (Phone Number)

Is total amount of claim greater than \$10,000 Yes ___ No ___ State the amount claimed (must be included):
Personal Injury \$ _____ Property Damage \$ _____ Other \$ _____

NOTE: Please attach copies of supporting documentation for the amounts claimed.

If claim relates to an automobile accident, please answer the following- ATTACH PROOF OF INSURANCE:

Please check here if there was no insurance coverage in effect at time of incident

Insurance Policy # _____ Insurance Company _____

Insurance Broker/Agent: _____

Address: _____ Phone: () _____

ALL NOTICES AND/OR COMMUNICATIONS SHOULD BE SENT TO:

Name (Mr./Mrs./Ms.) _____ Daytime Phone () _____

Address (Street, City, State, Zip) _____

Warning: Claims for death, injury to person, or to personal property must be filed no later than six (6) months from date of occurrence (Gov. Code, Sec. 911.2). Claims for damages to real property must be filed no later than one (1) year from date of occurrence (Gov. Code, Sec. 911.2).

Signature

Relationship (self, attorney, guardian, etc.)

Date