



## *City of Whittier*

13230 Penn Street, Whittier, California 90602-1772  
(562) 567-9999

**Claims submitted against the City of Whittier must be filed with the City Clerk's office. The claim is then forwarded to the Human Resource and Risk Management office, who works with the City's third party administrator.**

**If you have questions regarding filing a claim, please contact the City Clerk's office at (562)567-9850.**

**If you have questions regarding a claim you have filed, please contact the Human Resource and Risk Management office at (562) 567-9830.**



# CITY OF WHITTIER

**Instructions:** READ ENTIRE FORM BEFORE COMPLETING.

FILE WITH CITY CLERK, CITY HALL, 13230 PENN STREET WHITTIER, CA 90602

CLAIMS FOR DEATH, INJURY TO PERSON OR TO PERSONAL PROPERTY MUST BE FILED NO LATER THAN SIX (6) MONTHS AFTER THE OCCURRENCE.

(GOV'T CODE SECTION 911.2)

CLAIMS FOR DAMAGES TO REAL PROPERTY MUST BE FILED NOT LATER THAN ONE (1) YEAR AFTER THE OCCURRENCE. (GOV'T CODE SECTION 911.2)

THE UNDERSIGNED HEREBY PRESENTS THE FOLLOWING CLAIM TO THE CITY OF WHITTIER IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA.

1. NAME OF CLAIMANT: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

2. MALE \_\_\_ FEMALE \_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

3. ADDRESS OF CLAIMANT \_\_\_\_\_  
STREET CITY ZIP CODE

TELEPHONE NO. HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_

MAIL NOTICES TO: \_\_\_\_\_  
STREET CITY ZIP CODE

4. IF THIS CLAIM IS MADE BY ONE PERSON ON BEHALF OF ANOTHER, STATE:

(A) NAME \_\_\_\_\_ Male \_\_\_ Female \_\_\_ RELATIONSHIP \_\_\_\_\_

(B) ADDRESS \_\_\_\_\_  
STREET CITY ZIP CODE

5. IF PERSON INJURED OR DAMAGED IS A MINOR, STATE BIRTH DATE: \_\_\_\_\_

6. NAME AND ADDRESS OF ATTORNEY (REGARDING THIS CLAIM) \_\_\_\_\_

STREET CITY ZIP CODE

7. WHEN DID INCIDENT OCCUR? DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

8. PLACE OF OCCURRENCE OR INCIDENCE: (DESCRIBE FULLY AND DRAW DIAGRAM ON SEPARATE PAGE IF NECESSARY) \_\_\_\_\_

9. GENERAL DESCRIPTION OF INJURY, DAMAGE OR LOSS: \_\_\_\_\_

10. IF BASIS OF CLAIM IS ALLEGED TO BE AN ACT/OMISSION OF A CITY OFFICER OR EMPLOYEE:

(A) NAME OF OFFICER OR EMPLOYEE, IF KNOWN \_\_\_\_\_

(B) CLAIMANT'S STATEMENT OF THE BASIS OF SUCH OFFICER OR EMPLOYEES LIABILITY \_\_\_\_\_

11. IF BASIS OF CLAIM IS A "DANGEROUS OR DEFECTIVE CONDITION OF PUBLIC PROPERTY", COMPLETE THE FOLLOWING:

(A) PUBLIC PROPERTY ALLEGED TO BE DANGEROUS OR DEFECTIVE: \_\_\_\_\_

(B) DATE OF NOTIFICATION AND NAME OF CITY EMPLOYEE HAVING PRIOR KNOWLEDGE OF SUCH DANGEROUS CONDITION: \_\_\_\_\_

(C) GENERAL STATEMENT OF HOW ACCIDENT OR INCIDENT OCCURRED: \_\_\_\_\_

12. DAMAGES CLAIMED: Bodily Injury \_\_\_\_\_ Property Damage \_\_\_\_\_ Other \_\_\_\_\_  
AMOUNT INCURRED TO DATE \$ \_\_\_\_\_ TOTAL AMOUNT OF CLAIM \$ \_\_\_\_\_

13. IF BODILY INJURY CLAIM:

(A) NAME AND ADDRESS OF PHYSICIAN: \_\_\_\_\_

STREET CITY ZIP CODE

(B) NAME AND ADDRESS OF HOSPITAL: \_\_\_\_\_

STREET CITY ZIP CODE

(C) NAME AND ADDRESS OF WITNESSES, IF ANY:

NAME STREET CITY ZIP CODE

NAME STREET CITY ZIP CODE

14. WAS INCIDENT INVESTIGATED BY POLICE? \_\_\_\_\_ IF SO, WHAT CITY? \_\_\_\_\_

STATE PHYSICAL CONDITIONS SURROUNDING THE OCCURRENCE - WEATHER, ROAD, AND TRAFFIC CONDITIONS, ETC. \_\_\_\_\_

I DECLARE, UNDER PENALTY OF PERJURY, THAT I HAVE READ THE FOREGOING CLAIM AND THE PAPERS ATTACHED THERETO, AND THAT THE SAME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

EXECUTED ON (DATE) \_\_\_\_\_ AT \_\_\_\_\_

SECTION 72 OF THE PENAL CODE PROVIDES: "EVERY PERSON WHO, WITH INTENT TO DEFRAUD, PRESENTS FOR ALLOWANCE OR FOR PAYMENT TO ANY STATE BOARD OR OFFICER, OR TO ANY COUNTY, CITY, DISTRICT, BOARD, OR OFFICER, AUTHORIZED TO ALLOW OR TO PAY THE SAME IF GENUINE, ANY FALSE OR FRAUDULENT CLAIM, BILL, ACCOUNT, VOUCHER, OR WRITING, IS GUILTY OF A FELONY."

SIGNED: \_\_\_\_\_  
SIGNATURE OF CLAIMANT OR AGENT

PRINT NAME CLEARLY

ADDRESS OF CLAIMANT OR AGENT (STREET, CITY, ZIP CODE)

TELEPHONE NO. OF CLAIMANT OR AGENT