



City of Laguna Hills
**CLAIMS FOR DAMAGES
TO PERSON OR PROPERTY**

COMPLETED CLAIMS MUST BE FILED WITH: City Clerk's Office, 24035 El Toro Road, Laguna Hills, CA 92653
jlee@lagunahillscs.gov

Instructions

1. Claims for death or injury to person or to personal property must be filed not later than six months after the occurrence (Government Code Section 911.2). Be sure your claim is against the City of Laguna Hills, not another public entity.
2. Claims for damages to real property must be filed not later than one year after the occurrence (Government Code Section 911.2).
3. Read the entire claim before filing.
4. This claim form must be signed by the Claimant, if Claimant is a representative, the Representative Information section on the last page must be completed.
5. Attach additional sheets, if necessary, to give full details.
6. Claims must be filed with the City Clerk (Government Code Section 915a).

RESERVE FOR DATE STAMP

CLAIM NO. _____

Received by: _____

Via: ☐ U.S. Mail
☐ Hand Delivered
☐ Electronic Submittal

To: **City of Laguna Hills**

THE UNDERSIGNED, AS CLAIMANT, RESPECTFULLY SUBMITS THE FOLLOWING CLAIM AND INFORMATION RELATIVE TO DAMAGE TO PERSONS AND/OR PERSONAL PROPERTY PURSUANT TO THE PROVISIONS OF SECTIONS 900 THROUGH 915.2 OF THE CALIFORNIA GOVERNMENT CODE:

Name of Claimant	Phone Number of Claimant	Email of Claimant
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Home Address of Claimant	City State & Zip
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Is the claim filed on behalf of a minor? Yes No

If yes, please state relationship to the minor _____ Minor's Date of Birth _____

When did the damage or injury occur? (Provide exact date and hour)	Names of any City employee(s) involved in damage or injury
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When did the incident or event that caused the damage or injury occur, if different from date of damage or injury?

When did you discover the damage or injury, if the discovery date is different from date of damage or injury?

Where did the damage or injury occur?
(State specific location and locate on diagram on page 3, where appropriate. Give street names and addresses and measurements from landmarks.)

How did the damage or injury occur? (Provide full details)

Describe the specific damage or injury incurred as a result of the incident (Provide full details)

Provide names and addresses of any other persons injured

Name	Address	Phone
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Provide names and addresses of owners of any damaged property

Name	Address	Phone
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What particular act or omission by the City, or its employees, caused the damage or injury?		
Explain the circumstances that led to the damage or injury. State all facts that support your claim against the City and why you believe the City is responsible for the damage or injury.		
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\$ General damages for\$ Total damages incurred to date\$ Total amount claimed as of date of presentation of this claim: \$	Estimated prospective damages as far as known Future expenses for medical and hospital care. \$ Future loss of earning \$ Other prospective special damages..... \$ Prospective general damages \$ Total estimated prospective damages.....\$ NOTE: If this claim exceeds \$10,000: Indicate if greater than \$35,000 Or less than \$35,000	
INSURANCE INFORMATION: (must be completed if claim involved a motor vehicle)		
Do you have automobile insurance? Yes No		
Has a claim been filed or will a claim be filed with your insurance company? Yes No		
Name of your insurance company		
Policy number	Amount of deductible	
Insurance Company's Information	Address	
Phone		
Are you the registered owner? Yes No If no, who is		
Make of vehicle	Model	Year
Was damage and/or injury investigated by police/sheriff? Yes No If yes, name officer(s) involved		
Were paramedics or ambulance called? Yes No If yes, name of the company		
If injured, state date, time, name, and address of doctor of your first doctor visit		
DOCTORS or HOSPITALS		
Doctor	Address	Date Visited
Doctor	Address	Date Visited
WITNESS to DAMAGE or INJURY List all names and addresses of persons known to have information		
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

I HAVE READ THE MATTERS AND STATEMENTS MADE IN THE ABOVE CLAIM AND 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 THAT SAME TO BE TRUE. I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signed on _____, at _____, _____
(City) (State)

Signature of Claimant or person filing on Claimant's
behalf, Giving relationship to Claimant

Typed/Printed Name

Representative Information (must be completed, if an attorney or authorized representative files the claim)

Name of Attorney/Representative:

Mailing Address:

Email Address:

Phone (including area code):