

# **IMPORTANT!**

## **PLEASE READ**

Claims for money or damages for death or bodily injury or damage to personal property or growing crops must be filed within 6 months of the incident or injury (Government Code § 911.2).

Complete the attached form in its entirety. Incomplete forms will delay processing and could be returned to you.

Your claim will be forwarded to the City's claims adjuster for investigation. Following that, your claim will be either accepted, rejected, or settled in part. You will be notified by mail.

If your claim is rejected, you will have 6 months from the date of rejection to file a lawsuit against the City (Government Code §945.6). Our hope is that you will be treated fairly. If you have any questions, please call (209) 668-5540.

Please return the completed claim form via personal delivery or U. S. mail to:

Kellie E. Weaver, City Clerk  
City of Turlock  
156 South Broadway, Suite 230  
Turlock, CA 95380-5456

Electronic (e-mail or fax) claims will not be accepted.

Please be sure to keep a copy for your records.



## CLAIM FORM

Please type or print and return via personal delivery or U.S. Mail.  
Electronic copies (fax or e-mail) will not be accepted.

156 S. BROADWAY, SUITE 230 | TURLOCK, CALIFORNIA 95380 | PHONE 209-668-5540 | FAX 209-668-5668

CLAIM AGAINST: \_\_\_\_\_  
(Name of Entity)

Claimant's name: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Claimant's address: \_\_\_\_\_

Claimant's Telephone Number(s): \_\_\_\_\_

Address where notices about claim are to be sent, if different from above: \_\_\_\_\_

Date of incident/accident: \_\_\_\_\_

Date injuries, damages, or losses were discovered: \_\_\_\_\_

Location of incident/accident: \_\_\_\_\_

What did entity or employee do to cause this loss, damage, or injury? \_\_\_\_\_

(Please use back of this form or separate sheet, if necessary, to answer this question in detail.)

What are the names of the entity's employees who caused this injury, damage, or loss (if known)? \_\_\_\_\_

What specific injuries, damages, or losses did claimant receive? \_\_\_\_\_

(Please use back of this form or separate sheet, if necessary, to answer this question in detail.)

If the amount of your claim does not exceed \$10,000, state the total amount claimed : \_\_\_\_\_

If the amount of your claim exceeds \$10,000, indicate whether your claim would be a "limited civil case" (if the amount claimed does not exceed \$25,000 it is treated as a limited civil case) please check one box:

DOES NOT EXCEED \$25,000       EXCEEDS \$25,000 [see Government Code 910(f)]

How was this amount calculated (please itemize)? \_\_\_\_\_

(Please use back of this form or separate sheet, if necessary, to answer this question in detail.)

Date Signed: \_\_\_\_\_ Signature: \_\_\_\_\_

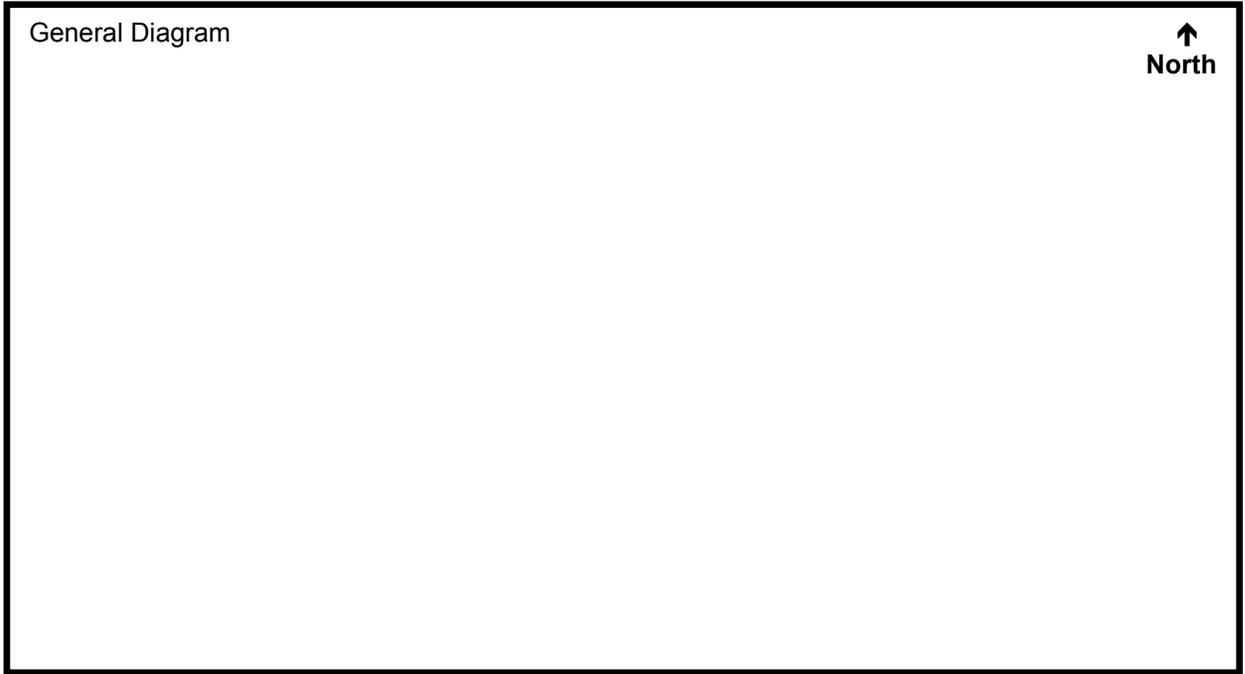
If signed by representative:

Print Representative's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Claimant \_\_\_\_\_

**DIAGRAMS**



**Street Incidents**

North

