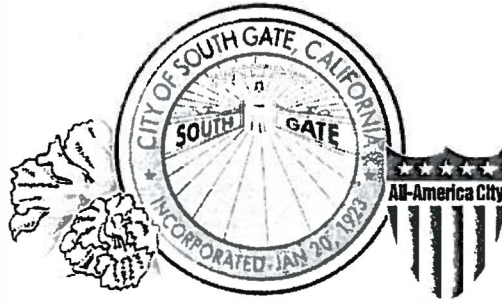


Procedures for filing a Claim

1. Obtain Claim form. Read thoroughly the attached instructions and enclose any related supporting documents (i.e. Police reports, medical documentation, estimates for repair, original and/or color copies of photographs, etc.)
2. Complete the relevant sections of the form describing in full detail the circumstances that led to the alleged damage or injury. State why you believe the City of South Gate is responsible.
3. Make a photocopy of your Claim form for your records.
4. If you have questions regarding your claim, contact the City Clerk or Risk Manager at (323) 357-5835 for assistance.



Procedimientos para presentar una reclamación

1. Obtenga la forma de demanda. Lea a fondo las instrucciones adjuntas e incluya cualquier documento de apoyo relacionado (es decir la policía divulga, documentación médica, las estimaciones para la reparación, originales y/o copias en color de las fotografías, etc.)
2. Termine las secciones relevantes de la forma que describe en detalle las circunstancias que eso llevó al daño o a lesión alegado. El estado porqué usted cree la ciudad de South Gate es responsable
3. Haga una fotocopia de su formulario de reclamación para sus archivos.
4. Si usted tiene preguntas acerca de su reclamo, en contacto con la Secretaria Municipal o el Administrador de Riesgos (323) 357-5835 para obtener ayuda.



City of South Gate LIABILITY CLAIM FORM

Received by – via

U.S. Mail
Inter-Office Mail
Over the Counter

LIABILITY CLAIM FORM FOR ALL PERSONS AND PROPERTY

TO: CITY OF SOUTH GATE
CITY CLERK'S OFFICE
8650 CALIFORNIA AVENUE
SOUTH GATE, CA 90280

CLAIM NUMBER: _____
"CITY USE ONLY"

INSTRUCTIONS:

1. Read entire claim form before filing. Please print or type.
2. Attach separate sheets if necessary to give full detail, along with copies of all documentation including receipts, repair estimates, photos and medical bills.
3. This claim must be signed and fully completed to avoid filing delays. Claims for personal injury or property damage must be filed no later than 6 months after the occurrence (Government Code Section 911.2).

CLAIMANT INFORMATION

NAME OF CLAIMANT: _____ DOB: _____
(First) (Middle) (Last) Month/Day/Year

DRIVERS LICENSE #: _____ E-MAIL ADDRESS: _____

HOME ADDRESS: _____

BUSINESS (WORK) ADDRESS: _____

PRIMARY PHONE _____ BUSINESS _____ CELL _____

MAILING ADDRESS FOR NOTICES REGARDING THIS CLAIM, IF DIFFERENT FROM ABOVE:

NAME OF PERSON WHO PREPARED FORM (if different than claimant): _____

ADDRESS: _____ CITY: _____

STATE: _____ PRIMARY PHONE _____

HAVE YOU EVER FILED A LIABILITY CLAIM FORM WITH THE CITY BEFORE?

NO _____ YES _____ IF YES _____
(Date) (Claim #)

ACCIDENT/INCIDENT INFORMATION

(PLEASE BE THOROUGH AND SPECIFIC. ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

PLACE OF INCIDENT: _____
(Location and Street Address)

DESCRIBE EACH AND EVERY ACT OR OMISSION WHICH CAUSED YOUR INJURY OR DAMAGE AND DESCRIBE HOW IT OCCURRED: (Attach supplemental sheets if needed) _____

IDENTIFY NAME(S) OF THE CITY EMPLOYEE(S) CAUSING THE INJURY OR DAMAGE, IF KNOWN:

SPECIFICALLY DESCRIBE THE INJURY OR DAMAGE YOU HAVE SUFFERED: _____

IF CLAIMING BODILY INJURY, IDENTIFY EACH HEALTH CARE PROVIDER WHO RENDERED SERVICES, AND AMOUNT CHARGED:

PROVIDER NAME/ADDRESS: _____

DATE(S) OF SERVICE: _____ AMOUNT: _____

PROVIDER NAME/ADDRESS: _____

DATE(S) OF SERVICE: _____ AMOUNT: _____

TOTAL SUM CLAIMANT IS SEEKING, INCLUDING KNOWN AND PROJECTED DAMAGES: _____
(INCLUDE THE ESTIMATED AMOUNT OF ANY FUTURE INJURY OR DAMAGE)

FOR CLAIMS UNDER \$10,000, INDICATE EXACT AMOUNT AND HOW CALCULATED. INCLUDE THE DATE AND TYPE OF EACH EXPENDITURE MADE AS A RESULT OF THE ACCIDENT OR INCIDENT. LIST EACH AND EVERY SPECIFIC EXPENDITURE OR ITEM USED IN COMPUTING THE AMOUNT OF THIS CLAIM. ATTACH ALL DOCTOR'S INVOICES, REPAIR ESTIMATES, RECEIPTS, PICTURES OF ACCIDENT/INCIDENT, ETC. **FOR PROPERTY DAMAGE CLAIMS, PLEASE ATTACH AT LEAST TWO (2) ESTIMATES FOR REPAIRS OF REPLACEMENT.**

_____ (Type of expenditure)	_____ (Date)	_____ (Amount)
_____ (Type of expenditure)	_____ (Date)	_____ (Amount)
_____ (Type of expenditure)	_____ (Date)	_____ (Amount)
_____ (Type of expenditure)	_____ (Date)	_____ (Amount)
_____ (Type of expenditure)	_____ (Date)	_____ (Amount)
_____ (Type of expenditure)	_____ (Date)	_____ (Amount)
_____ (Type of expenditure)	_____ (Date)	_____ (Amount)
_____ (Type of expenditure)	_____ (Date)	_____ (Amount)

WERE POLICE AT THE SCENE? YES _____ NO _____

WAS A POLICE REPORT MADE? YES _____ (Report # _____) NO _____
(PLEASE ATTACH A COPY IF AVAILABLE)

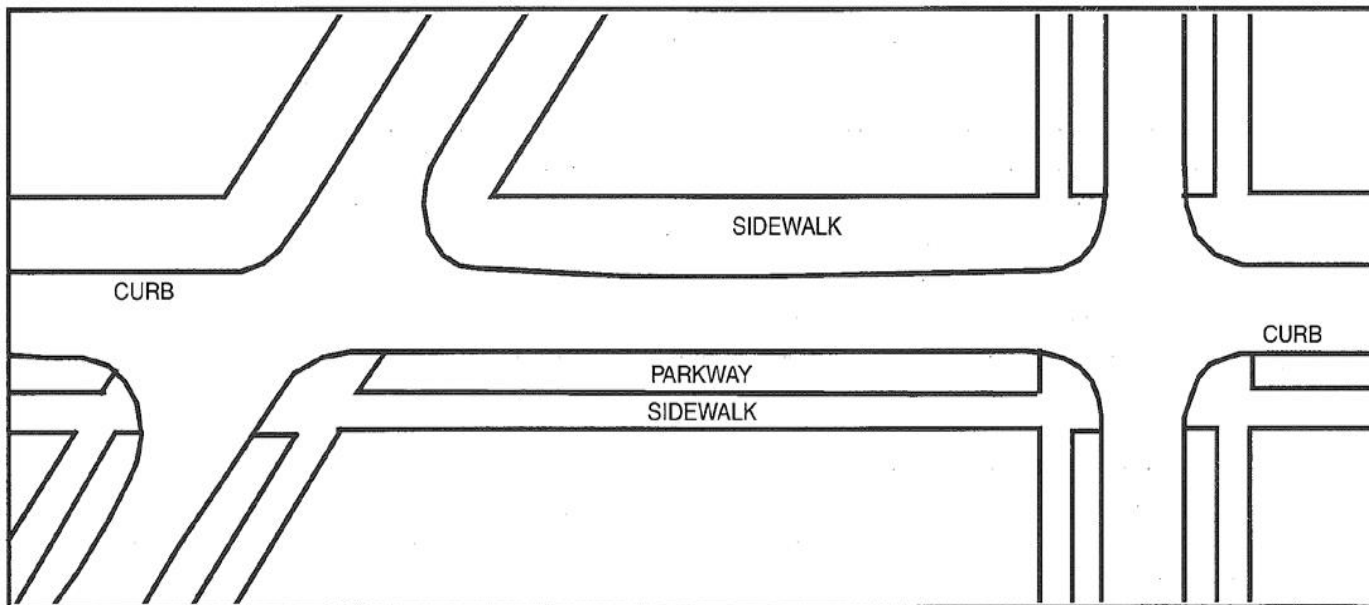
IDENTIFY NAME(S) OF WITNESS (ES): _____

PLEASE READ THE FOLLOWING CAREFULLY:

FOR ALL ACCIDENT CLAIMS, PLACE ON THE FOLLOWING DIAGRAM, NAMES OF STREETS, INCLUDING NORTH, SOUTH, EAST, AND WEST: INDICATE THE PLACE OF ACCIDENT (POINT OF IMPACT) BY "X" AND BY SHOWING HOUSE NUMBERS OR DISTANCES TO CORNER STREETS.

IF A CITY VEHICLE WAS INVOLVED, DESIGNATE BY LETTER "A" THE LOCATION OF CITY VEHICLE WHEN YOU FIRST SAW IT, AND BY "B" THE LOCATION OF YOURSELF OR YOUR VEHICLE WHEN YOU FIRST SAW THE CITY VEHICLE. DESIGNATE THE LOCATION OF THE CITY VEHICLE AT THE TIME OF THE ACCIDENT BY "A-1"; THE LOCATION OF YOURSELF OR YOUR VEHICLE AT THE TIME OF THE ACCIDENT BY "B-1" AND THE POINT OF IMPACT BY "X".

NOTE: IF DIAGRAM BELOW DOES NOT FIT THE SITUATION, ATTACH HERETO A PROPER DIAGRAM SIGNED BY CLAIMANT.



(Identify relevant street numbers)

WARNING

I UNDERSTAND PURSUANT TO CALIFORNIA PENAL CODE SECTION 72, THAT IT IS A CRIME TO PRESENT A FRAUDULENT CLAIM TO A PUBLIC ENTITY WITH THE INTENT TO DEFRAUD SAID PUBLIC ENTITY.

DATED: _____

SIGNED: _____

PRINTED NAME: _____