

**CLAIM FOR DAMAGES**

**Name of Claimant:** \_\_\_\_\_  
(Injured or Damaged Party)

**Address of Claimant:** \_\_\_\_\_  
(Number/Street/City/State/Zip) (Telephone)

**Mailing Address of Claimant** (If Different from above): \_\_\_\_\_

**WHEN** Did Injury or Damage Occur: \_\_\_\_\_  
(Month/Day/Year) (Day of Week) (Time of Day)

**WHERE** Did Injury or Damage Occur (Street Address, Intersecting Streets, or Other Location):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOW** Did Injury or Damage Occur (Describe accident or occurrence in complete detail):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name(s) of City Employee(s) Involved:** \_\_\_\_\_

What Action or Inaction of City Employee(s) Caused Your Injury or Damage(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What Injuries or Damages Did you Suffer:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL AMOUNT OF CLAIM: \$** \_\_\_\_\_

If claim totals less than \$10,000.00 as of the date of the presentation of this claim, attach with this completed form of any bills for medical treatment and expenses, and two estimates or bills for personal property damage. If the amount claimed exceeds \$10,000.00, no dollar amount shall be included in the claim. However, indicate whether jurisdiction over the claim would rest in municipal or superior court. Completion of this form does not guarantee acceptance of damages by the City of Soledad. All claims are subject to considetation by the City Council and claimant will be notified in writing by the City Attorney after consideration by the City Council.

**SIGN AND DATE THIS CLAIM FOR DAMAGES BELOW. IF THE SIGNER IS NOT THE CLAIMANT, INDICATE THE RELATIONSHIP OF THE SIGNER TO THE CLAIMANT (PARENT, ATTORNEY, ETC.)**

\_\_\_\_\_  
(Signature) (Date)

**PRESENTATION OF A FALSE CLAIM IS A FELONY**