



# CITY OF MOORPARK

323 Science Drive, Moorpark, California 93021

(805) 517-6200

FILE WITH:  
**CITY OF MOORPARK  
CITY CLERK'S OFFICE  
323 SCIENCE DRIVE  
MOORPARK, CA 93021**

FORM #1 (PAGE 1)  
**CLAIM FOR DAMAGES**  
TO PERSON OR PROPERTY

RESERVED FOR FILING STAMP  
CLAIM NO. \_\_\_\_\_

### INSTRUCTIONS

1. Claims relating to a cause of action for death, injury to person or to personal property or growing crops must be filed not later than six months after the accrual of the cause of action. A claim related to any other cause of action must be filed not later than one year after the accrual of the cause of action. (Gov. Code Sec. 911.2)
2. Deliver or mail claims to the City Clerk. (Gov. Code Sec. 915)
3. Subject to certain exceptions, any suit brought for a cause of action for which a claim is required must be commenced not later than six months after the date of written (rejection) notice is personally delivered or deposited in the mail. If written (rejection) notice is not given, a suit may be brought for a cause of action for which a claim is required within two years from the accrual of the cause of action. (Gov. Code Sec. 945.6)
4. Claims must be signed. (Gov. Code Sec. 910.2)
5. If form space is inefficient, attach additional sheets. Sign attached sheets.

to: City of Moorpark		Date of Birth of Claimant:
Name of Claimant:		Occupation of Claimant:
Home Address of Claimant:	City and State:	Home Telephone Number:
Business Address of Claimant:	City and State:	Business Telephone Number:
Give address and telephone number to which you desire notices or communications to be sent regarding this claim:		Claimant's Email Address:
When did DAMAGE or INJURY occur? Date _____ Time _____ If claim is for Equitable Indemnity, give date claimant served with the complaint: Date _____	Names of any City employee involved in DAMAGE or INJURY:	
Where did DAMAGE or INJURY occur? Describe fully and use diagram on page 2. Where appropriate, give street names and address and measurements from landmarks:		
Describe in detail how the DAMAGE or INJURY occurred:		
Why do you claim the City is responsible?		
Describe in detail each DAMAGE or INJURY:		

FORM #1 (PAGE 2)

The amount claimed, as of the date of presentation of this claim, is computed as follows:

Damages incurred to date (exact):		Estimated prospective damages as far as known:	
Damage to property	\$ _____		
Expenses for medical and hospital care	\$ _____	Future expenses for medical and hospital care	\$ _____
Loss of earnings	\$ _____	Future loss of earnings	\$ _____
Special damages	\$ _____	Other prospective special damages	\$ _____
General damages	\$ _____	Prospective general damages	\$ _____
Total damages incurred to date	\$ _____	Total estimated prospective damages	\$ _____

Total amount claimed as of date of presentation of this claim: \$ \_\_\_\_\_

Was damage and/or injury investigated by police? \_\_\_\_\_ If so, provide police report no.: \_\_\_\_\_  
 Were paramedics or an ambulance called? \_\_\_\_\_ If so, name of ambulance: \_\_\_\_\_  
 If injured, state date, time, name and address of doctor and/or hospital of your first visit: \_\_\_\_\_

WITNESSES to DAMAGE or INJURY: List all persons and addresses of persons known to have information:

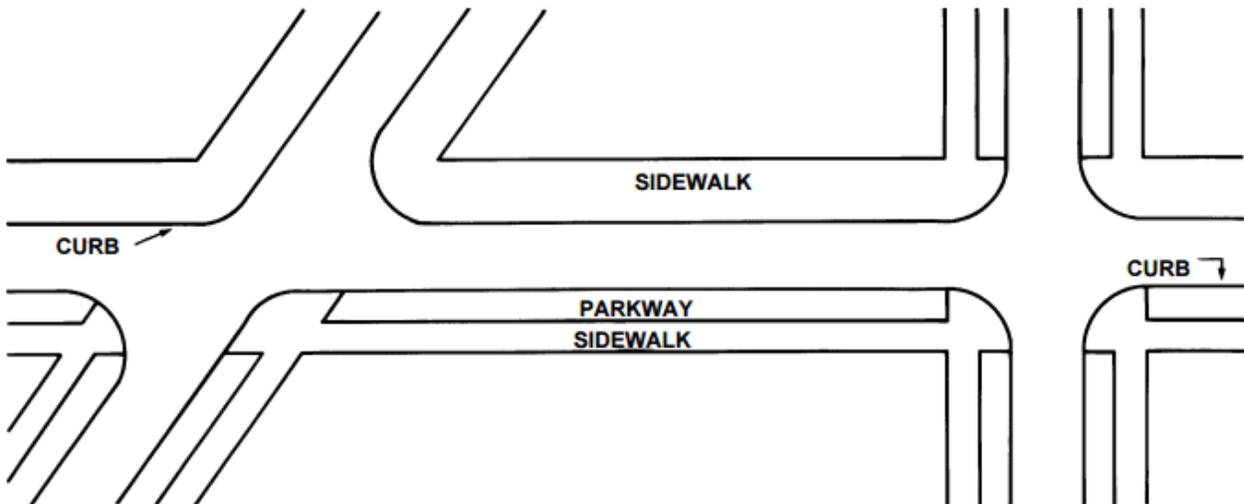
Name: _____	Address: _____	Phone: _____
Name: _____	Address: _____	Phone: _____
Name: _____	Address: _____	Phone: _____

DOCTORS and HOSPITALS:

Hospital: _____	Address: _____	Date of Hospitalization: _____
Doctor: _____	Address: _____	Date of Treatment: _____
Doctor: _____	Address: _____	Date of Treatment: _____

**READ CAREFULLY**

For all accident claims place on following diagram names of streets, including North, East, South, and West; indicate place of accident by "X" and by showing house numbers or distances to street corners. City Vehicle; location of City Vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X."  
 If City Vehicle was involved, designate by letter "A" location of City Vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw it. NOTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by claimant.



Signature of Claimant or person filing on Claimant's behalf, if signing on Claimant's behalf, state relationship to Claimant:	Typed or Printed Name:	Date:
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NOTE: CLAIMS MUST BE FILED WITH CITY CLERK (Gov. Code Sec. 915a). Presentation of a false claim is a felony (Pen. Code Sec. 72).