Government Code Section 911.2 states "A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented as provided in Article 2 (commencing with Section 915) of this chapter not later than six (6) months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented as provided in Article 2 (commencing with Section 915) of this chapter not later than one year after the accrual of the cause of action."

Enclosed is the claim form you had requested. The instructions for completing this form are as follows:

- Please fill out this form in its entirety and in as much detail as possible, if additional space is needed, attach additional pages identified with name and date of occurrence. Also indicate the question number(s) being responded to.
- The completed claim form must be signed by the claimant or by some person submitting this form on the claimant's behalf. (See California Government Code Section 910.2).
- Please submit a copy of all documentation that supports your claim.
- Provide loss estimates with your claim form (minimum of two estimates).
- Failure to provide sufficient information could delay processing of your claim and may cause your claim to be returned. See California Government Claim Code section 910.8.

• Return the original and one copy to:

City Clerk

City of Monterey Park

320 West Newmark Ave

Monterey Park, CA 91754

MPClerk@Montereypark.ca.gov

• The claimant should retain a copy of the completed and signed claim form.

Sincerely,

Human Resources & Risk Management Dept

CLAIM AGAINST THE CITY OF MONTEREY PARK

(FOR DAMAGES TO PERSONS OR PERSONAL PROPERTY)

NOTICE:

PURSUANT TO MONTEREY PARK MUNICIPAL CODE CHAPTER 3.12 AND CALIFORNIA GOVERNMENT CODE §§935, THE CITY OF MONTEREY PARK REQIRES THAT A CLAIM BE FILED WITH THE CITY, INCLUDING THOSE ORDINARILY EXCEPTED UNDEER GOVERNMENT CODE §§905 AND WHICH ARE NOT GOVERNED BY ANY OTHER APPLICABLE LAW.

ELECTRONIC FILING OF CLAIMS SUBMITTED PURSUANT TO THE GOVERNMENT CLAIMS ACT OR THE MONTEREY PARK MUNICIPAL CODE ARE EXPRESSELY AUTHROIZED IN ACCORDANCE WITH GOVERNMENT CODE §§915(A)(3).

THIS IS A PUBLIC RECORD AND MAY BE DISCLOSED IN ACCORDANCE WITH THE CALIFORNIA PUBLIC RECORDS ACT (GOVERNMENT CODE §§6250, ET SEQ.

Received by: _____
U.S. Mail: _____
Inter-Office Mail: _____
Over the Counter: _____

Claims for death, injury to person or to personal property must be filed within six months after the occurrence. Claims for damages to real property must be filed within one year after the occurrence (Government Code §911.2). Be sure your claim is against the City of Monterey Park and not another public or private entity. Where space is insufficient, please use additional paper and identify your response to the specific question(s). Completed claims must be mailed or delivered to: The City Clerk's Office, City of Monterey Park, 320 West Newmark Avenue, Monterey Park, CA 91754-2896 or MPClerk@Montereypark.ca.gov

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PERSONAL INFORMATION:

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP CODE: _____
HOME PHONE NUMBER: _____
WORK PHONE NUMBER: _____
OCCUPATION: _____

Name, Address and phone number of persons to receive notices concerning this claim:

_____ (_____) _____

CLAIM INFORMATION:

Date Claim Occurred: _____ TIME: _____ AM/PM

Location (be specific): _____

Describe how claim occurred. Specify the particular occurrence, event, act or condition you claim caused the injury or damage (use additional paper if necessary):

Property Damage

Describe Property (If vehicle, provide year, make and model and license plate number)

Owner's name, address, and phone number:

_____ (_____) _____

Your Insurance Company and Policy Number: _____

Driver's name, address and phone number:

_____ (____) _____

Describe damage:

Property can be seen at: _____

Give the name(s) of the city employee causing the damage or injury:

Monetary Damages Claimed:

Amount claimed as of this date: $_____

Estimated amount of future costs: $_____

Total amount claimed: $_____

Basis for computation of amounts claimed (please attach copies of all bills, invoices, estimates, etc.)

Personal Injury

Were you injured? Select Body part injured: _____

Describe injuries:

Did you receive any medical attention? ☐ No ☐ Yes

By who:

Are you currently under doctors' care ☐ No ☐ Yes

Name, address and phone number of any other person(s) injured:

Name and address of doctors/hospitals:

Other Information

Did Police or Fire department respond? ☐ No ☐ Yes

Report Number: _____ Officers Name: _____

Were there any witnesses? ☐ No ☐ Yes

Name, address, and phone number of witnesses. Your vehicle, other vehicle, other:

Any additional information that might be helpful in considering this claim:

This form is being provided to assist you in filing your claim. Providing this form is not an admission nor shall it be construed to be an admission of liability or an acknowledgment of the validity of a claim.

WARNING! IT IS A CRIME TO FILE A FALSE CLAIM (Penal Code § 72)

I have read this claim and swear or affirm in accordance with the laws of the State of California that the matters and statements contained therein are true and correct under penalty of perjury.

Signed this _____ day of _____, 20___, at _____.

Claimant Signature: _____

For assistance, please contact Human Resources & Risk Management
Email: humanresources@montereypark.ca.gov
Phone: 626-307-1334