

**CITY OF DINUBA
CLAIM FORM**

Claim Against _____
(Name of Entity)

Claimant's Name _____ Claimant's SS# _____

Claimant's DOB _____ Telephone # _____

Claimant's Address _____

Address where Notices about Claim are to be sent, if different from above:

Date of Incident/Accident: _____ Date of injury/damage/loss discovered: _____

Location of incident/accident: _____

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

(Use the back of this form or separate sheet if necessary to answer this question in detail.)

Names of the Entity's employees who caused this injury, damage, or loss (if known):

What are the Claimant's specific injuries, damages, or losses?

What amount of money is claimant seeking, or if the amount is in excess of \$10,000, which is the appropriate court of jurisdiction? **Note:** If Superior and Municipal Courts are consolidated, you must represent whether it is a "limited civil case" [see Government code 910(f)]

(Use the back of this form or separate sheet if necessary to answer this question in detail.)

How was this amount calculated (please itemize)?

(Use the back of this form or separate sheet if necessary to answer this question in detail.)

Date Signed: _____ Signature: _____

If signed by Representative:

Representative's Name _____ Phone # _____

Address _____

Relationship to Claimant _____

DIAGRAMS

General Diagram



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Street Incidents



Blank area for the Street Incidents diagram.

Blank area for the signature and contact information section.

PLEASE READ – IMPORTANT!

Your claim must be filed within 6 months of the incident (Government code 911.2).

Your claim will be forwarded to the City's Risk Manager for investigation. Following that, your claim will be either settled or denied. You will be notified by mail.

If your claim is denied, you will have 6 months from date of denial to initiate an action against the city (Government code 945.6). Our hope is that you will be treated fairly. If you have any questions, please call (559) 591-5900 ext. 108.