COUNTY OF COLUSA
CLAIM FOR DAMAGES

For Clerk Use Only: Date Stamp

This claim must be filed with the Clerk of the Board of Supervisors within six (6) months after the accident or event. Where space is insufficient, please use additional paper and identify information by paragraph number. Attach all supporting documentation. When claim is completed, submit to the following address:

Clerk of the Board of Supervisors
547 Market Street, Ste. 102
Colusa, CA 95932

PERSON OR ENTITY AGAINST WHOM CLAIM FILED:

CLAIMANT:
Name: _____
Address:

Home Phone Number:

Work Phone Number:

The undersigned respectfully submits the following claim and information:

1. Post office address to which claimant desires notices to be sent if other than above:

2. Date, time, and location of occurrence or transaction which gives rise to this claim:

   Date: Time:

   Location:

3. Detailed description of injury and/or damage:

4. Specify the particular act or omission **and** circumstances you believe caused injury and/or damage:

5. Name or names of any employee of the County you believe caused the injury, damage or loss:

6. Complete description of property damaged: Year, make, model, ID#, and license plate#:

7. Description of personal injury. Include name, address, and phone number. If there was no personal injury, state "NONE":

8. Names, addresses and phone numbers of witnesses, doctors, hospitals, etc.:

(1)

(2)

(3)

9. Public Agency contacted (Law Enforcement. Governmental etc.):

10. Amount of reimbursement claimed as damages with computation and supporting bills, receipts, or estimates of cost (two estimates must be included). **Please attach all back-up to claim**

11. Any additional information that might be helpful in considering claim:

WARNING

IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM!

(Penal Code 72: Insurance Code 556)

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is true and correct.

SIGNED THIS _____ DAY OF _____ 20____ AT

CLAIMANTS SIGNATURE