

Submit Claim To: City Clerk
City of Oxnard
300 West Third Street, 4th Floor
Oxnard, CA 93030

**CLAIM FOR DAMAGES
TO PERSON OR PROPERTY
TO THE CITY OF OXNARD**

RESERVED FOR
FILING STAMP

INSTRUCTIONS

- Read and complete this form in full before submitting to the City Clerk.
- A claim relating to damage or injury to person, personal property or growing crops, or death must be filed within six months of the event.
- A claim relating to any other damage or injury must be filed within one year of the event.
- Diagram the scene of an event on page 2.
- Attach separate sheets, if necessary, to give full details of the event.
- This form must be signed on page 2 and on any separate sheets.
- The City Clerk office staff cannot assist in completing this form.

Name of Claimant:

Date of Birth:

Home Address of Claimant:

City, State & Zip Code

Home Telephone Number:

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Business Address of Claimant:

City, State & Zip Code

Business Telephone Number:

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I prefer that the claims adjuster communicate with me in Spanish

State the address to which you desire notices or communications to be sent regarding this claim (if different than above):

State when, where and how the damage or injury which gives rise to this claim occurred:

DATE:

TIME:

LOCATION:

CIRCUMSTANCES:

Describe the particular act or omission by the City or any of its employees which you allege caused the injury or damage:

State the names of City employees allegedly causing the injury or damage:

State the indebtedness, obligation, injury, damage, or loss allegedly resulting from this event:

State the amount claimant claims on account of each item of injury, damage, or loss, including prospective injury, damage, or loss as of the date of presentation of this claim, giving the basis of computation:

List all insurance payments received by claimant, and the name of any insurance company making a payment:

List all of claimant's expenditures made on account of the injury, damage or loss, with date received and description of each item:

State the name(s) and address(es) of witnesses and medical providers:

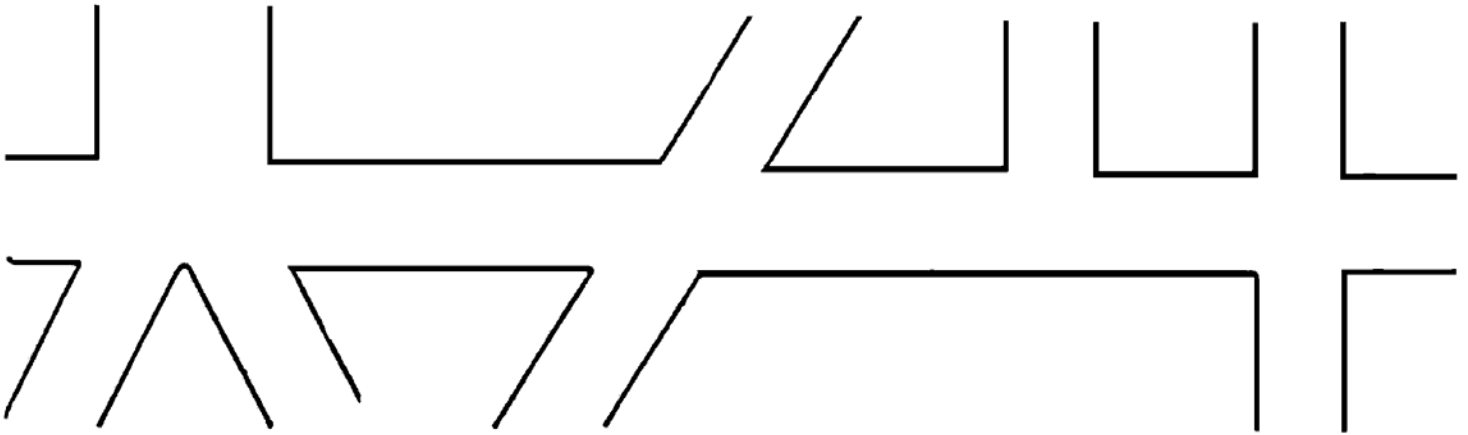
PLEASE READ CAREFULLY

For all claims, complete one of the diagrams below with the following:

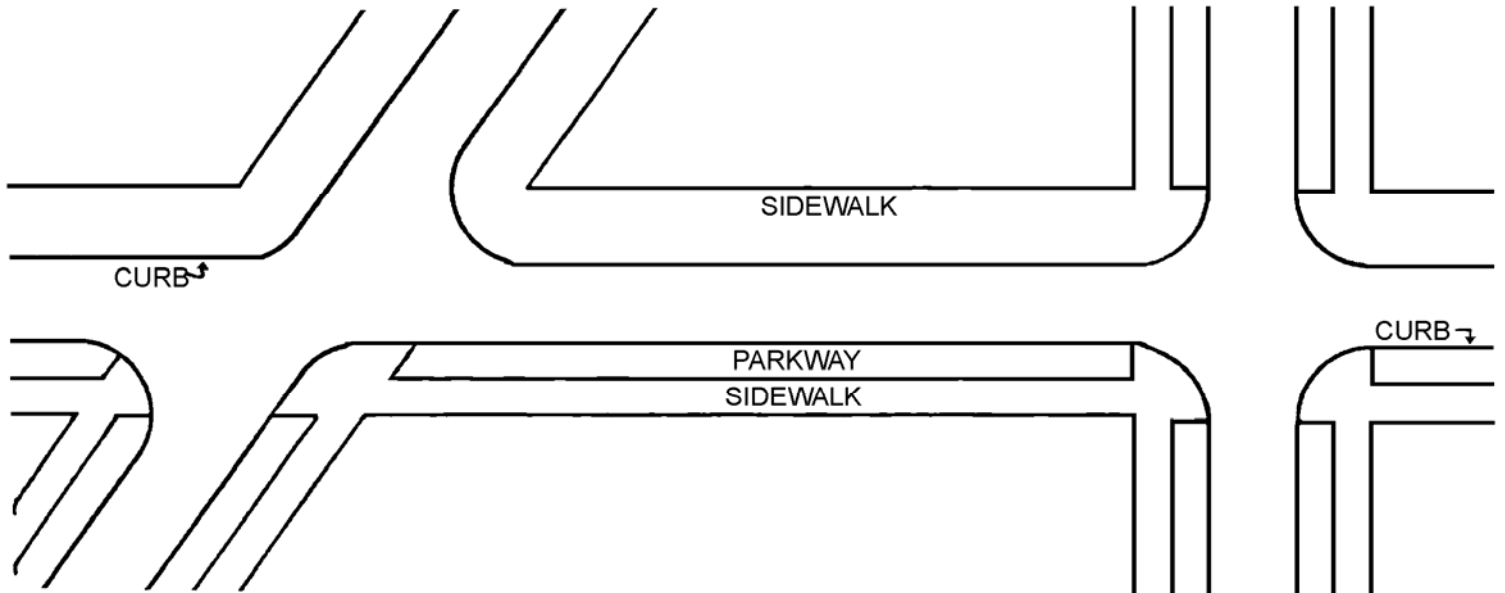
- Street names, including north, east, south and west designations, and house numbers or distance to corner.
- Mark the diagram with the letter "X" to show where the event occurred.
- If a City vehicle was involved, mark the diagram with the letter "A" for the location of the City vehicle where claimant first saw it, and the letter "B" for claimant's location when claimant first saw the City vehicle. Use "A-1" for the location of the City vehicle at the time of the event, and "B-1" for claimant's location at the time of the event.

NOTE: If the diagrams below are not appropriate to describe the incident, please attach a diagram signed by the claimant.

EVENTS INVOLVING MOTOR VEHICLES



OTHER EVENTS



Signature of claimant or person filing on claimant's behalf:

Print or type name of person signing this claim:

Date:

Relationship to claimant: