



For Official Use Only

# Claim Against The City of Chino

## For Damages to Persons and/or Personal Property

Received By: \_\_\_\_\_  
U.S. Mail \_\_\_\_\_  
Hand Delivered \_\_\_\_\_  
Email \_\_\_\_\_

Subject to certain exceptions found in the California Government Code, a claim must be filed with the Human Resources Department of the City of Chino no later than six (6) months after the incident or event occurred. All claims filed may be subject to disclosure under the California Public Records Act (Government Code Sections 6250 et seq.) Please be sure your claim is against the City of Chino, not another entity. Where space is insufficient, please use additional paper and identify information by paragraph number. Provide a diagram if appropriate. Completed claims must be mailed or delivered to the City of Chino, Human Resources Department, 13220 Central Avenue, Chino, CA, or mailed to: P.O. Box 667, Chino, CA 91708, or emailed to [hr@cityofchino.org](mailto:hr@cityofchino.org).

(Please type or print clearly. Make sure information shows on all copies.)

<b>Name of Claimant:</b> (First Middle Last)	
<b>Mailing Address including City, State, Zip:</b>	<b>Age of Claimant:</b>
<b>Phone number and email address:</b>	
<b>Name, address, and telephone number to which claimant requests all notices and/or communications be sent:</b> (If different from above)	
<b>Type of Loss:</b> <input type="checkbox"/> Personal Injury <input type="checkbox"/> Property Damage <input type="checkbox"/> Other (If Other, please explain)	
<b>Were Police at the scene?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Police Agency:</b> _____ <b>Police Report #</b> _____
<b>1. When did injury or damage occur?</b> (Please give date and time of day)	
<b>2. Where did injury or damage occur?</b> (Exact location – street address, intersecting streets, or other location)	
<b>3. How did injury or damage occur?</b> (Describe accident or occurrence)	
<b>4. What action or inaction of City employee(s) caused your injury or damage?</b> (Include name of City employee(s) involved)	
<b>5. What injury or damage did you suffer?</b> (Give description. If there were no injuries, state "No Injuries.")	

**6. Name of any witnesses:**

NAME: ADDRESS PHONE:

NAME: ADDRESS PHONE:

NAME: ADDRESS PHONE:

**State the total amount claimed: \$** **NOTE:** (Submit **TWO** estimates or **ONE** paid receipt)  
*Please attach copies of supporting documentation for the amounts claimed.*

**If claim relates to an automobile accident, answer the following and attach  
Proof of Insurance and copy of Vehicle Registration**

Please check box if there was no insurance coverage in effect at time of incident.  Are you the registered owner?  Yes |  No  
**Only the registered owner can file a claim.**

**Claimant's California Driver's License No:**

**Vehicle Information** (attach copy of vehicle insurance and registration):

YEAR: MAKE: MODEL: COLOR: LICENCE PLATE #:

NAME OF INSURANCE COMPANY: POLICY #:

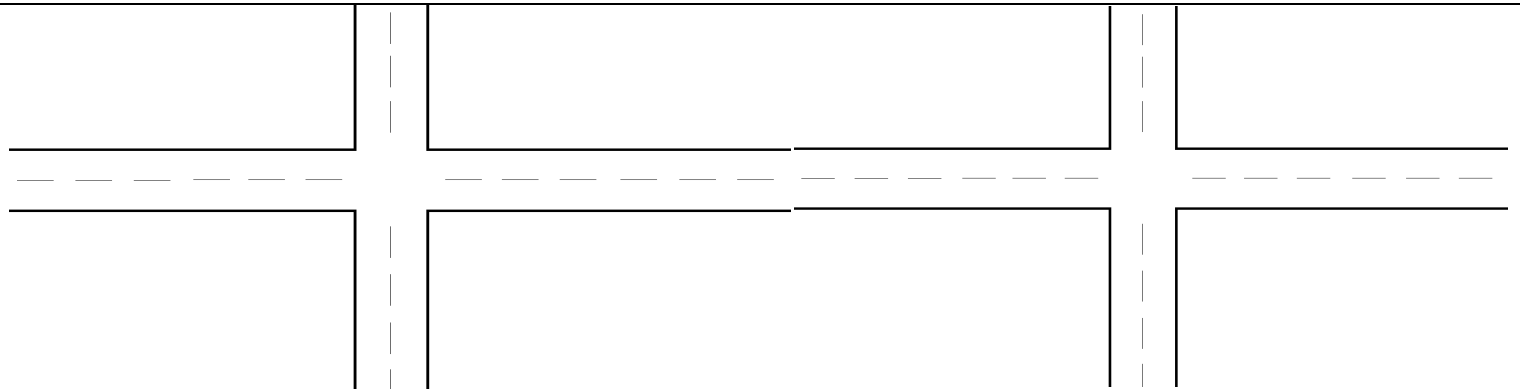
ADDRESS: PHONE:

**Warning: It is a criminal offense to file a false claim (Penal Code Sec. 72; Government Code Sec. 12651).**

**READ CAREFULLY**

For all accident claims place on the following diagram: Names of Streets (including North, South, East, and West). Mark place of accident with an "X", and show house numbers or distances to street corners. Please draw in sidewalk if necessary.

NOTE: If diagram below does not fit the situation, sign and attach a separate diagram.



**I certify under penalty of perjury that the foregoing is TRUE and CORRECT.**

Signed this (DATE) \_\_\_\_\_ day of (MONTH/YEAR) \_\_\_\_\_ at (LOCATION) \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CLAIMANT or AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
PRINTED or TYPED NAME