



COUNTY OF MADERA  
CLAIM FOR DAMAGES

NOTE: Claims for bodily injury or death, damage to personal property or damage to growing crops must be filed not later than six months after the occurrence out of which the claim/claims arose. All other claims must be filed not later than one year after the occurrence out of which the claim/claims arose. (Refer to California Government Code Section 911.2)

**DIRECTIONS:** File the original and one copy with County of Madera Administrative Office, Madera County Government Center, 200 W. Fourth St. 4th Floor, Madera, California 93637. Retain the pink copy for your records.

NAME OF CLAIMANT: Mr.  
(Injured or damaged party) Ms. \_\_\_\_\_  
Mrs. (Last) (First) (Middle)  
\_\_\_\_\_  
(Date of Birth) (Social Security No.) (Ca. Drivers License No.)

HOME ADDRESS \_\_\_\_\_  
(Number/Street) (City/State/Zip Code) (Phone Number)

BUSINESS ADDRESS \_\_\_\_\_  
(Number/Street) (City/State/Zip Code) (Phone Number)

DIRECTIONS: Indicate to which address you wish notices sent.  Home  Business

WHEN DID INJURY OR DAMAGE OCCUR? \_\_\_\_\_  
(Month/Day/Year) (Day of Week)  A.M. /  P.M.  
(Time of Day)

WHERE DID INJURY OR DAMAGE OCCUR? \_\_\_\_\_  
(Street address, intersecting streets, or other location)

HOW DID INJURY OR DAMAGE OCCUR? \_\_\_\_\_  
(Describe accident or occurrence in complete detail)

NAMES OF ANY WITNESSES? \_\_\_\_\_  
(Phone Number)

NAMES OF COUNTY EMPLOYEES INVOLVED? \_\_\_\_\_

POLICE REPORT NUMBER \_\_\_\_\_

WHAT ACTION OR INACTION OF COUNTY EMPLOYEE(S) CAUSED YOUR INJURY OR DAMAGES?  
\_\_\_\_\_  
\_\_\_\_\_

WHAT INJURIES OR DAMAGES DID YOU SUFFER? \_\_\_\_\_  
\_\_\_\_\_

TOTAL AMOUNT CLAIMED \$ \_\_\_\_\_

**DIRECTIONS:** Sign and date this Claim for Damages below. If the signer is not the claimant, indicate the relationship of the signer to the claimant (parent, attorney, etc., and mailing address).

\_\_\_\_\_  
(Signature) (Month/Day/Year)

\_\_\_\_\_  
(Relationship of signer, if not claimant) (Address)

**DIRECTIONS:** Attach & include, with this completed form, any bills for medical treatment and expenses and any estimates or bills for personal property damage.

**NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY.** (Refer to California Penal Code Section 72)