



MAIN OFFICE
 700 W. Main Street, Alhambra CA 91801
 Tel: 626-262-4511 TDD: 626-943-3898
 www.lacda.org

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

Return to: the address as noted above or via email at Claims@lacda.org | **Faxed Claims Will Not Be Accepted**

1. Claims for death, injury to person, or to personal property must be filed no later than six months after the date of occurrence (Gov. Code Sec. 911.2).
2. Claims for damages to real property must be filed no later than one year after the occurrence (Gov Code Sec. 911.2).
3. Fill in each line completely, make sure to date and sign. Please indicate N/A for any area that does not apply.
4. Attach separate sheets if necessary to give complete details.

SECTION I – CLAIMANT’S INFORMATION (Please Print Clearly)

Claimant Name (Last, First, MI):		Estate of, On Behalf of (Last, First, MI):
Mailing Address (Street, City, ST, Zip):		Apartment / Building Number:
Home Phone:	Cellular / Work Phone:	Email Address:
Driver’s License No:	Date of Birth:	Social Security No:
I currently receive: <input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Disability Benefits <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> I do not receive benefits <input type="checkbox"/> Other (explain):		
Medi-Cal/Medicare No:	I have applied for and will be receiving benefits in <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months I will be applying for benefits in <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months	

SECTION II – INCIDENT DETAILS AND DESCRIPTION (Please Print Clearly)

Date of Incident/Loss:	Time of Incident : <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Date Incident Reported to LACDA:
Location of Incident (please include addresses when available): <input type="checkbox"/> Check here only if address is the same as above		
Description of Incident:		

Check here if you have attached additional comments on attachment

Why Do You Claim the LACDA is Responsible?

Check here if you have attached additional comments on attachment

SECTION III – INJURY AND PROPERTY/PERSONAL DAMAGES DETAILS (Please Print Clearly)

Describe Nature of Injury and/or Damages Reported: Treatment: CHP Paramedics Refused Fire Seek Own

Check here if you have attached additional comments on attachment

Police/Fire/Paramedic Station:	Police/Fire Report Number:	Other Details (Describe):
Treating Facility Name / Doctor / Hospital:		

SECTION IV – DAMAGES INCURRED (Please Print Clearly)

The amount of damages claimed as of the date of presentation of this claim is computed as follows:

Damages incurred to date (exact):	Estimated/Prospective Damages:
Damages to Property: \$	Future Expense (Medical/hospital): \$
Medical / Hospital Care Expense: \$	Future Loss of Earnings: \$
Loss of Earnings: \$	Other Prospective Special Damages: \$
General Damages: \$	Prospective General Damages: \$
Special Damages (attached): \$	Other: \$

Total Damages Claimed to Date: \$

SECTION V – INCIDENT WITNESS INFORMATION (Please Print Clearly)

Name (Last, First, MI):	Address (Street, City, ST, Zip):	Phone / Cellular:
Name (Last, First, MI):	Address (Street, City, ST, Zip):	Phone / Cellular:
Name (Last, First, MI):	Address (Street, City, ST, Zip):	Phone / Cellular:

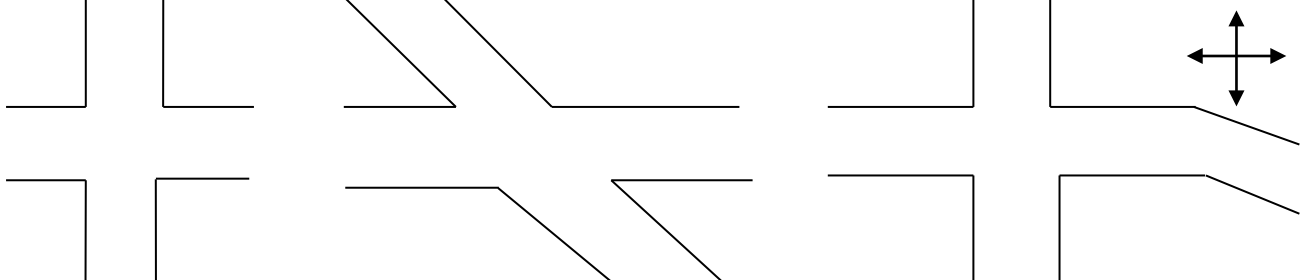
SECTION VI – AUTO ACCIDENT INFORMATION (Please Print Clearly)

Location	Location (Intersection or Address):			
	City of Occurrence:	Near (Street or Freeway):		
Claimant's Vehicle	Vehicle License #:	Make/Model of Vehicle:	Driver's Phone/Cell Number:	
	Name of Driver (Last, First, MI):		Driver's Address:	
	Driver's License # / ST / Exp.:	Insurance Company:	Policy Number:	
	Name of Registered Owner:	Address, City, ST, Zip:	Owner's Phone Number:	
What Happened	LACDA Vehicle Direction of Travel:	Approximate Speed:	Other Vehicle Direction of Travel:	Approximate Speed:
	Did you see the other vehicle prior to the collision? Yes <input type="checkbox"/> No <input type="checkbox"/>		Road Conditions or Any Hazards at Time of Collision:	
	Describe the Events Leading up to the Collision:			
	<input type="checkbox"/> Check here if you have attached additional comments on attachment			
	Location and Extent of Damage to LACDA Vehicle:		Location/Extent of Damage to Other Vehicle or Property:	

READ CAREFULLY: For all auto accident claims, use the diagrams below to indicate damages. Shade in or mark the areas of damage sustained to your vehicle utilizing the illustrations below.

Claimants Vehicle Damage			
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VEHICLE PLACEMENT AT TIME OF ACCIDENT: Please use the street diagrams to indicate the position of the vehicles involved by using "X" for YOUR vehicle and "XX" for the LACDA vehicle. Indicate where your vehicle was positioned when you first saw (prior to impact) the LACDA vehicle, indicate to show position of LACDA vehicle. Indicate "X-1" to reflect your vehicles position at time of impact and "X-2" to reflect the position of the LACDA vehicle at the time of impact. Please indicate street names, highways, intersections.

Diagram of Collision Scene				
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SECTION VII – AUTHORIZED SIGNATURE

NOTE: Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city, or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing is punishable by either imprisonment in the county jail for a period of not more than one year, by a fine of not exceeding one thousand dollars (\$1,000), or by both such exceeding ten thousand dollars (\$10,000), or both such imprisonment and fine "(California Penal Code Section 72)."

By signing below I acknowledge that I have read the above and certify under penalty of perjury under the laws of the State of California that the information entered by me on this document is true and correct.

Claimant Printed Name:	Claimant Signature:	Signature Date:
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FOR LACDA OFFICE USE ONLY:		
Place Date Received Filing Stamp Here	LACDA Claim Number:	Notes:
	Adjusting Agency Claim Number:	