CENTRAL SAN JOAQUIN VALLEY RISK MANAGEMENT AUTHORITY

CLAIM FORM

(Please Type Or Print)

CLAIM AGAINST _____
(Name of Entity)

Claimant's name: _____

SS#: _____ DOB: _____ Gender: Male ___ Female _____

Claimant's address: _____ Telephone: _____

Address where notices about claim are to be sent, if different from above: _____

_____

Date of incident/accident: _____

Date injuries, damages, or losses were discovered: _____

Location of incident/accident: _____

What did entity or employee do to cause this loss, damage, or injury? _____

_____
(Use back of this form or separate sheet if necessary to answer this question in detail.)

What are the names of the entity's employees who caused this injury, damage, or loss (if known)? _____

_____

What specific injuries, damages, or losses did claimant receive? _____

_____
(Use back of this form or separate sheet if necessary to answer this question in detail.)

What amount of money is claimant seeking or, if the amount is in excess of $10,000, which is the appropriate court of jurisdiction. Note: If Superior and Municipal Courts are consolidated, you must represent whether it is a "limited civil case" [see Government Code 910(f)]

_____

_____

How was this amount calculated (please itemize)? _____

_____

(Use back of this form or separate sheet if necessary to answer this question in detail.)

Date Signed: _____ Signature: _____

If signed by representative:

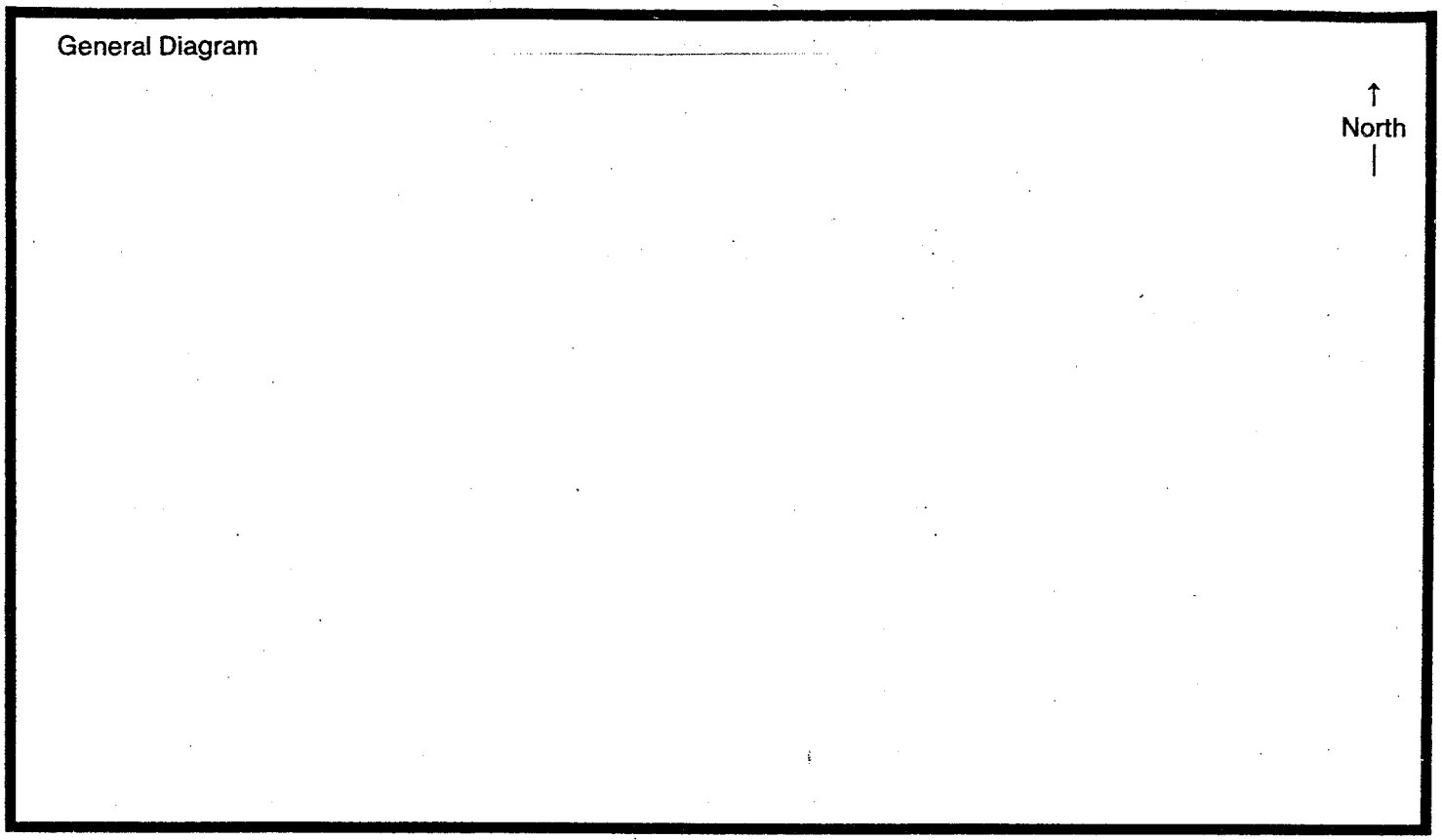
Representative's Name _____ Address _____

Telephone # _____

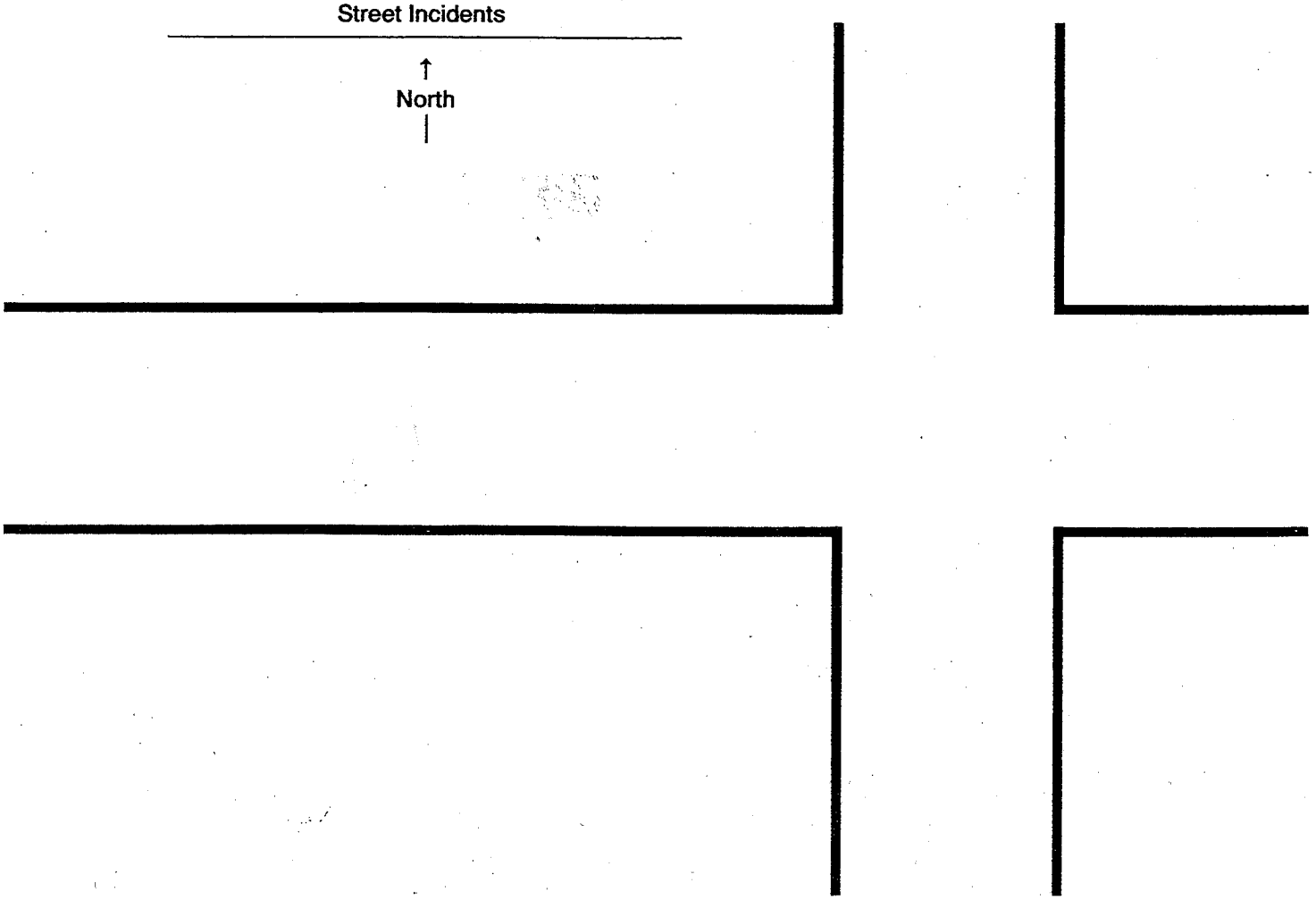
Relationship to Claimant _____

DIAGRAMS

General Diagram



Street Incidents



PLEASE READ — IMPORTANT!

Your claim must be filed within 6 months of the incident (Government code 911.2)

Your claim will be forwarded to the City's Risk Manager for investigation. Following that, your claim will be either settled or denied. You will be notified by mail.

If your claim is denied, you will have 6 months from date of denial to initiate an action against the city (Government code 945.6) Our hope is that you will be treated fairly. If you have any questions please call.