



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
CLAIM FOR DAMAGES TO PERSON OR PROPERTY

- INSTRUCTIONS:
1. Read entire claim thoroughly.
2. Fill out the claim completely.
3. This claim form must be signed.
4. Submit original signed copy.
5. Photocopies may be made for your records.

WARNING
- Claims for death, injury to person or to personal property must be filed no later than 6 months after the occurrence.
(GOV. CODE SECTION 911.2)
- All other claims for damages must be filed no later than one year after the occurrence.
(GOV. CODE SECTION 911.2)
- Subject to certain exception, you have only six months from the date of written notice of rejection of your claim to file a court action.
(GOV. CODE SECTION 945.6)
- If written notice of rejection of your claim is not given, you have 2 years from accrual of the cause of the action to file a court action.
(GOV. CODE SECTION 945.6)

TIME STAMP HERE
FOR OFFICE USE ONLY

1. WHEN AND WHERE DID DAMAGE OR INJURY OCCUR?

DATE: TIME: STREET ADDRESS OR LOCATION: CITY: ZIP:

15. WERE THE PARAMEDICS CALLED? _____

2. NAME(S) OF SHERIFF PERSONNEL INVOLVED:

NAME: STATION / FACILITY:

16. DID THE CLAIMANT VISIT A PHYSICIAN?
PHYSICIAN'S NAME:

NAME: STATION / FACILITY:

ADDRESS/(PHONE):

DATE OF VISIT:

3. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED:

(Use attachments if necessary)

4. WHY DO YOU CLAIM THE SHERIFF'S DEPARTMENT IS RESPONSIBLE?

5. LIST DAMAGES INCURRED TO DATE (Attach Copy of Receipts & Repair Estimates)

17. WITNESS TO DAMAGE OR INJURY?

NAME: _____

ADDRESS: _____

CITY/PHONE: _____

6. SHERIFF'S DEPARTMENT FILE OR REPORT#

NAME: _____

ADDRESS: _____

CITY/PHONE: _____

7. NAME OF CLAIMANT (Print Clearly)

8. DRIVER'S LICENSE OR I.D. #

9. DATE OF BIRTH

10. SOCIAL SECURITY #

11. Booking Number (if applicable)

12. CORRESPONDENCE ADDRESS - (STREET, CITY, STATE, ZIP)

TOTAL DAMAGES TO DATE

\$ _____

13. HOME PHONE (or phone you can be contacted at)

14. BUSINESS PHONE

TOTAL ESTIMATED DAMAGES

\$ _____

THIS CLAIM MUST BE SIGNED

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE SEC. 72.)

18. SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS/HER BEHALF:

19. PRINT OR TYPE NAME

DATE