

Central San Joaquin Valley  
Risk Management Authority

CITY OF MCFARLAND  
CLAIM FORM  
FORM B  
(PLEASE TYPE OR PRINT)

CLAIM AGAINST: \_\_\_\_\_

Claimant's name: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female: \_\_\_\_\_

Claimant's Address: \_\_\_\_\_

Claimant's Phone: \_\_\_\_\_

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

\_\_\_\_\_

Date of incident/accident: \_\_\_\_\_

Date of injuries, damages, or losses were discovered: \_\_\_\_\_

Location of incident/accident: \_\_\_\_\_

Where 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)? \_\_\_\_\_

\_\_\_\_\_

Date Signed: \_\_\_\_\_

Signature: \_\_\_\_\_

If signed by representative:

Representative's Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Relationship to Claimant \_\_\_\_\_