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

Q	SWERIT			
Ŕ		INSTRUCTIONS:		1
		1. Read entire claim thoroughly.		
k		2. Fill out the claim completely.		
Ő	COLLES	3. This claim form must be signed.		
		4. Submit original signed copy.		
	Ó	5. Photocopies may be made for your record	rds.	
WARNING	-41. :-::		···· (·······	
	E SECTION 911.2)	o personal property must be filed no later th	ian 6 months after the occurrence.	
		filed no later than one year after the occurre	ence.	
	E SECTION 911.2)	neu no nucli unun one yeur urter the occurre		
		only six months from the date of written not	tice of rejection of your claim to file a court action.	
GOV. COD	E SECTION 945.6)		ual of the cause of the action to file a court action.	
- If written not	ice of rejection of your cla	aim is not given, you have 2 years from accr	rual of the cause of the action to file a court action.	TIME STAMP HERE
(GOV. COD	E SECTION 945.6)			FOR OFFICE USE ONLY
1. WHEN	AND WHERE D	DID DAMAGE OR INJURY O	CCUR?	15. WERE THE PARAMEDICS CALLED?
DATE:	TIME:	STREET ADDRESS OR LOCATION:	CITY: ZIP:	— —
				16. DID THE CLAIMANT VISIT A PHYSICIAN?
2. NAME	(S) OF SHERIFF	PERSONNEL INVOLVED:		PHYSICIAN'S NAME:
NAME:			STATION / FACILITY:	
NAME:				
				ADDRESS/(PHONE):
NAME:		•		1
NAME:		1	STATION / FACILITY:	
				DATE OF VISIT:
		HOW DAMAGE OR INJURY	I UUUKKED:	
(Use attac	chments if necessa	ry)		

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

5. LIST DAMAGES INCURRED TO DATE (Attach Cop	17. WITNESS TO DAMAGE OR INJURY?	
		NAME:
		ADDRESS:
6. SHERIFF'S DEPARTMENT FILE OR REPORT#	CITY/PHONE:	
7. NAME OF CLAIMANT (Print Clearly)	8. DRIVER'S LICENSE OR I.D. #	ADDRESS:
9. DATE OF BIRTH 10. SOCIAL SECURITY #	11. Booking Number (if applicable)	CITY/PHONE:
12. CORRESPONDENCE ADDRESS - (STREET, CITY	TOTAL DAMAGES TO DATE	
13. HOME PHONE (or phone you can be contacted at) ()	, , 14. BUSINESS PHONE ()	TOTAL ESTIMATED DAMAGES
THIS CLA NOTE: PRESENTATION OF A FAI	AIM MUST BE SIGNED LSE CLAIM IS A FELONY (PENAL C	CODE SEC. 72.)
18. SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS/HE	DATE	

Deliver or mail to Executive Officer, Board of Supervisors, County of Los Angeles, Room 383, Kenneth Hahn Hall of Administration, 500 W. Temple St. LA, CA 90012