GOVERNMENT CLAIM FORM INSTRUCTIONS

Attached is a City of Merced Government Claim Form for your use. Please complete each section completely. If any portion of the questionnaire does not apply to your situation, please write "N/A" in that space.

Complete the claim form in its entirety. Incomplete forms will delay processing and could be returned to you. Attach either your receipt(s) or one estimate of repair, depending on which is applicable, showing your monetary loss.

Please do not assume that the City accepts any liability as a result of this incident. Your claim form will be forwarded to the City's claims adjuster for investigation. Following that, your claim will be either accepted, rejected, or settled in part. You will be notified by mail.

PURSUANT TO SECTIONS 901 AND 911.2 OF THE GOVERNMENT CODE, THIS CLAIM FORM MUST BE FILED WITH THE CITY OF MERCED **WITHIN SIX (6) MONTHS** OF DATE OF OCCURRENCE.

Completed claim form must be filed, either in person at or mailed to the following location:

Insurance Division
City of Merced
678 W. 18th Street
Merced, CA 95340

Should you have any questions, please call (209) 388-7100.

For additional information refer to City of Merced Municipal Code Chapter 1.16 – Claims Against the City.

Attachment: Government Claim Form

CITY OF MERCED
CLAIM FORM
(Please Type or Print)

CLAIM AGAINST _____
(Name of Entity)

Claimant's Name _____ S.S. #: ____-____-____

Claimant's Date of Birth : _____ Telephone # (_____) _____

Claimant's Address_____ Gender: Male _____ Female_____

Address where Notices about Claim are to be sent, if different from above:

_____

Date of Incident/Accident/Arrest: _____

Date Injuries, Damages or Losses were discovered: _____

Location of Incident/Accident/Arrest: _____

What did Entity 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 an 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)]

_____

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

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 _____

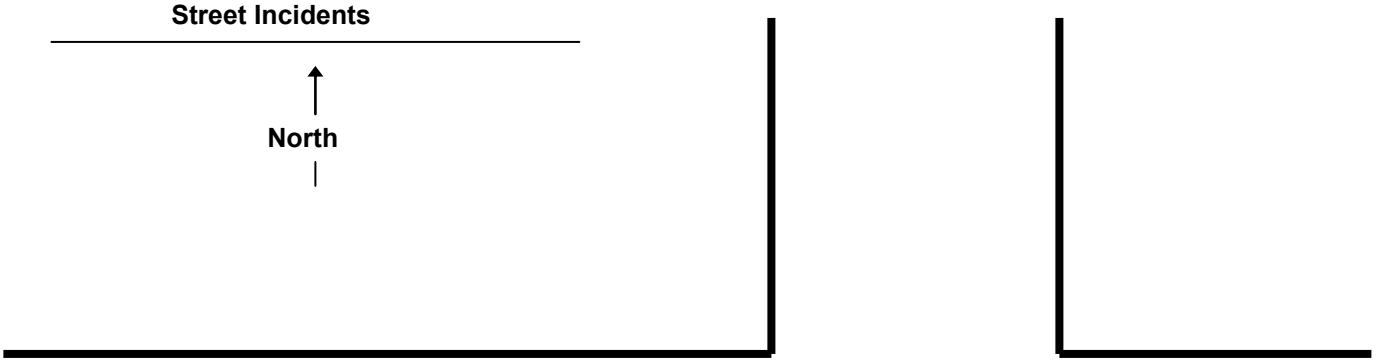
DIAGRAMS

General Diagram

North

Street Incidents

North



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.