CLAIM OF _____)
)
vs.)
)
TUOLUMNE COUNTY)
_____)

CLAIM FOR
PERSONAL INJURIES
(Section 910 of the Government Code)

TO THE TUOLUMNE COUNTY BOARD OF SUPERVISORS:

You are hereby notified that _____, whose address is _____, whose date of birth is _____, and whose social security number is _____, claims damages from the County of Tuolumne in the amount computed as of the date of presentation of this claim, of $ _____.

This claim is based on personal injuries sustained by claimant on or about_____, 20____, in the vicinity of _____

_____

_____

under the following circumstances (attach additional pages if necessary):

_____

_____

_____

_____

_____

The injuries sustained by claimant, as far as known as of the date of presentation of this claim, consist of:_____

_____

_____

The name(s) of the public employee(s) causing claimant's injuries under the described circumstances is/are:_____

_____

The employee(s) are employed in the following-named County department(s):

_____

_____

The amount claimed, as of the date of presentation of this claim, is computed as follows:

Damages incurred to date:

Expenses for medical and hospital care	$ _____	
Loss of earnings	$ _____	
General damages	$ _____	
Special damages for _____ (itemize)	$ _____	
Total damages incurred to date:		$ _____
Estimated prospective damages as far as known:	$ _____	
Future expenses for medical and hospital care:	$ _____	
Other prospective special damages:	$ _____	
Prospective general damages:		
Total estimated prospective damages:		$ _____
Total amount claimed as of date of presentation of this claim:		$ _____

All notices or other communications regarding this claim should be sent to claimant at:

_____

_____

_____

Dated:_____

_____
Signature of Claimant/Attorney for Claimant

Claimant Contact Information:

Phone:_____
E-mail:_____
Fax:_____

Attorney for Claimant Contact Information:

Phone:_____
E-mail:_____
Fax:_____

Return Completed Form To:
Clerk of the Board of Supervisors
2 South Green Street
Sonora, CA 95370