

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:

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 \$ _____

Special damages for _____ \$ _____
(itemize)

General damages \$ _____

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 with regard to this claim should be sent to claimant at:

Dated:

Signature of Claimant / Attorney for Claimant

Claimant Contact Information:

Phone: _____

Fax: _____

E-Mail: _____

Attorney for Claimant Contact Information:

Phone: _____

Fax: _____

E-Mail: _____

Return Completed Form To:

Clerk of the Board of Supervisors
2 South Green Street
Sonora, CA 95370