COMMUNITY DEVELOPMENT COMMISSION
HOUSING AUTHORITY
OF THE COUNTY OF LOS ANGELES

Risk Management Unit

700 W. Main Street ▪ Alhambra ▪ CA ▪ 91801 | TTY (626) 943-3898

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

Return to: the address as noted above or via email at Claims@lacdc.org | **Faxed Claims Will Not Be Accepted**

1. Claims for death, injury to person or to personal property must be filed not later than 6 months after date of occurrence (Gov. Code Sec. 911.2)
2. Claims for damages to real property must be filed not later 1 year after the occurrence (Gov Code Sec. 911.2)
3. Fill in each line completely, make sure to date and sign. Please indicate N/A for any area that does not apply
4. Attach separate sheets if necessary to give complete details

Note: The Community Development Commission/Housing Authority may herein after be referred to as CDC/HA

SECTION I – CLAIMANT'S INFORMATION (Please Print Clearly)

Claimant Name (Last, First, MI):		Estate of, On Behalf of (Last, First, MI):
Mailing Address (Street, City, St, Zip)		Apartment / Building Number:
Home Phone:	Cellular / Work Phone:	Email Address:
Driver's License No:	Date of Birth:	Social Security No:

I currently receive: ☐ Medicare ☐ MediCal ☐ Disability Benefits ☐ Social Security Benefits
☐ I do not receive benefits ☐ Other (explain):

Medi-Cal/Medicare No: | I have applied for and will be receiving benefits in ☐ 6 Months ☐ 12 Months
I will be applying for benefits in ☐ 6 Months ☐ 12 Months

SECTION II –INCIDENT DETAILS AND DESCRIPTION (Please Print Clearly)

Date of Incident/loss:	Time of Incident : ☐ A.M. ☐ P.M.	Date Incident Reported to CDC/HA:

Location of Incident (please include addresses when available): ☐ **Check here only if address is the same as above**

Description of Incident:

☐Check here if you have attached additional comments on attachment

Why do you claim the CDC/HA is responsible?

☐Check here if you have attached additional comments on attachment

SECTION III – INJURY AND PROPERTY/PERSONAL DAMAGES DETAILS (Please Print Clearly)

Describe nature of injury and/or damages reported: Treatment: ☐ CHP ☐ Paramedics ☐ Refused ☐ Fire ☐ Seek Own

☐Check here if you have attached additional comments on attachment

Police/Fire/Paramedic Station:	Police/Fire Report Number:	Other Details (Describe):

Treating Facility Name / Doctor / Hospital:

SECTION IV – DAMAGES INCURRED (Please Print Clearly)

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

Damages incurred to date (exact):		**Estimated/Prospective Damages:**	
Damages to property:	$	Future Expense (Medical/hospital):	$
Medical / Hospital care expense:	$	Future loss of earnings:	$
Loss of earnings:	$	Other prospective special damages:	$
General Damages:	$	Prospective general damages:	$
Special Damages (attached):	$	Other:	$
Total Damages claimed to date:	**$**		

SECTION V – INCIDENT WITNESS INFORMATION (Please Print Clearly)

Name (Last, First, MI)	Address (Street, City, ST, Zip)	Phone / Cellular
Name (Last, First, MI)	Address (Street, City, ST, Zip)	Phone / Cellular
Name (Last, First, MI)	Address (Street, City, ST, Zip)	Phone / Cellular

SECTION VI – AUTO ACCIDENT INFORMATION (Please Print Clearly)

Location	Location (Intersection or Address)			
	City of Occurrence	Near (Street or Freeway)		
Claimant's Vehicle	Vehicle License #	Make Make/Model of Vehicle	Driver's Phone/Cell Number	
	Name of Driver (Last, First, MI)		Driver's Address	
	Driver's License # / St / Exp.	Insurance company	Policy Number	
	Name of Registered Owner	Address, City, St, Zip	Owner's Phone Number	
What Happened	CDC/HA Vehicle Direction of Travel	Approximate Speed	Other Vehicle Direction of Travel	Approximate Speed
	Did you see the other vehicle prior to the collision? Yes ☐ No☐		Road conditions or any hazards at time of collision	
	Describe the events leading up to the collision ☐Check here if you have attached additional comments on attachment			
	Location and extent of damage to CDC vehicle		Location/extent of damage to other vehicle or property	

READ CAREFULLY: For all auto accident claims, use the diagrams below to indicate damages. Shade in or mark the areas of damage sustained to your vehicle utilizing the illustrations below.

Claimants Vehicle Damage

Rear View
Circle One or All
Driver / Passenger / Center

Front View
Circle One or All
Driver / Passenger / Center

Circle One or Both
Driver Side / Passenger Side

VEHICLE PLACEMENT AT TIME OF ACCIDENT: Please use the street diagrams to indicate the position of the vehicles involved by using "X" for YOUR vehicle and "XX" for the CDC/HA vehicle. Indicate where your vehicle was positioned when you first saw (prior to impact) the CDC/HA vehicle, indicate to show position of CDC/HA vehicle. Indicate "X-1" to reflect your vehicles position at time of impact and "X-2" to reflect the position of the CDC/HA vehicle at the time of impact. Please indicate street names, highways, intersections.

Diagram of Collision Scene

SECTION VII – AUTHORIZED SIGNATURE

NOTE: Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing is punishable by either imprisonment in the county jail of or a period of not more than one year, by a fine of not exceeding one thousand dollars ($1,000), or by both such exceeding then thousand dollars ($10,000), or both such imprisonment and fine "(California Penal Code Section72)"

By Signing below I acknowledge that I have read the above and certify under penalty of perjury under the laws of the State of California that the information entered by me on this document is true and correct.

Claimant Printed Name	Claimants Signature	Signature Date

FOR COMMISSION / HOUSING AUTHORITY OFFICE USE ONLY:

Place Date Received Filing Stamp Here	**CDC Claim Number:**	**Notes:**
	Adjusting Agency Claim Number:	