



## SOLANO COUNTY CLAIM FOR DAMAGES

A claim relating to a cause of action for death or injury to person or to personal property must be filed with the Clerk of the Board of Supervisors within 6 months after the accident or event occurred. Where space is insufficient, please use additional paper and identify information by paragraph number. When claim is complete, mail to: Board of Supervisors, County of Solano, 675 Texas Street, Suite 6500, Fairfield, CA 94533-6342.

Name of Claimant \_\_\_\_\_

Address: \_\_\_\_\_  
(Street or P.O. Box) (State) (Zip Code)

Telephone Number: \_\_\_\_\_

Date of Birth: - \_\_\_\_\_

1. Person to whom claimant desires notices to be sent if other than above:

\_\_\_\_\_  
Name Telephone Number

2. \_\_\_\_\_  
Address: (Street or P.O. Box) (State) (Zip Code)

3. Date, place, and time of occurrence or transaction which gives rise to this claim:

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Place: \_\_\_\_\_

4. Specify the particular act or omission and circumstances you believe caused injury and/or damage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Name (s) of any employee of Solano County you believe caused the injury, damage or loss:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Description of property damaged: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
6. Owner of property damaged: \_\_\_\_\_  
 Present location of damaged property: \_\_\_\_\_
  
7. Description of personal injury, if any: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
8. Is there any other person with property damage or personal injury: \_\_\_\_\_  
 Name and address of other person: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
9. Names, addresses, and telephone numbers of witnesses, doctors, hospitals, etc.  
 (1) \_\_\_\_\_  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_
  
10. Amount claimed as damages with computation and supporting bills, receipts, or estimates of cost (please attach copies of documents to this claim).  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
11. Any additional information that you believe might be helpful in considering claim:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM  
(PENAL CODE § 72)**

**I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief, and as to such matters I believe the same to be true. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_, California

\_\_\_\_\_  
**CLAIMANT'S SIGNATURE**  
**(Original Signature - BLUE)**