



## 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.

Claimant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

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

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

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

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

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

Place: \_\_\_\_\_

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

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

4. Name (s) of any employee of Solano County you believe caused the injury, damage of 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 \_\_\_\_\_, 2020 at \_\_\_\_\_, California

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