

**THE METROPOLITAN WATER DISTRICT
OF SOUTHERN CALIFORNIA**

CLAIM FOR DEATH OR INJURY TO PERSON OR PROPERTY

MAIL OR DELIVER TO: Executive Secretary
The Metropolitan Water District of Southern California

Street Address: 700 North Alameda Street, Los Angeles, California 90012

Mailing Address: Post Office Box 54153, Los Angeles, California 90054-0153

INSTRUCTIONS

1. Your original claim must be mailed or delivered to the Executive Secretary of The Metropolitan Water District of Southern California (MWD), to ensure receipt and official stamping and entry. Emailed or faxed copies are not accepted an official claim.
2. Claims for death or injury to person or to personal property or growing crops must be filed not later than six months after the occurrence (Government Code § 911.2).
3. Claims for damages to real property must be filed not later than one year after the occurrence (Government Code § 911.2).
4. For accident claims, use diagram below, if appropriate. If not appropriate, attach appropriate diagram signed by claimant or person filing on claimant's behalf. **SIGN EACH SHEET.**
5. Attach separate sheets, if necessary, to give full details. **SIGN EACH SHEET.**
6. This claim form must be signed where indicated.

Name of Claimant

Telephone Number

Address (Street/City/State/Zip Code)

Email Address

Business Address (Street/City/State/Zip Code)

Business Email Address

When did damage or injury occur? (Give exact date and hour.)

Where did damage or injury occur? (Use attached diagram, if appropriate.)

How did damage or injury occur? (Give full details.)

What particular ACT or OMISSION do you claim caused the injury or damage? Give names of MWD employees you claim caused the injury or damage, if known:

What DAMAGE or DEATH or INJURIES do you claim resulted? Give full extent of injuries or damages claimed.

What AMOUNT do you claim on account of each item or injury or damage, giving basis of computation, including photos and repair estimates and invoices:

Names and addresses of witnesses, doctors and hospitals:

Signature of claimant, or person filing on his/her behalf, giving relationship to claimant:

Signature

Name (Type or Print)

Date

NOTICE:

Section 72 of the Penal Code provides: "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 either by imprisonment in the county jail for a period of not more than one year, by a fine of not exceeding one thousand dollars (\$1,000), or by both such imprisonment and fine, or by imprisonment in the state prison, by a fine of not exceeding ten thousand dollars (\$10,000), or by both such imprisonment and fine."

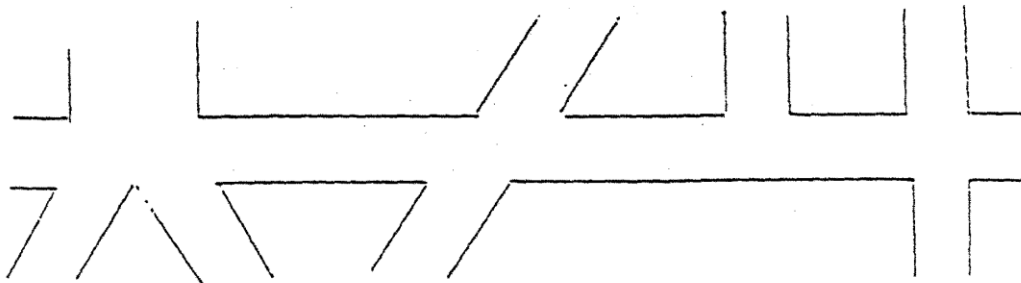
READ CAREFULLY

For all accident claims, place on the following diagram the names of streets, including North, East, South and West; indicate place of accident by an "X", and by showing house numbers of distances to street corners.

If a District vehicle was involved, designate by the letter "A" the location of the District vehicle when you first saw it, and by the letter "B" the location of yourself or your vehicle when you first saw the District vehicle; designate the location of the District vehicle at the time of the accident by "A-1" and the location of yourself or your vehicle at the time of the accident by "B-1", and the point of impact by an "X".

NOTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by the claimant.

FOR AUTOMOBILE ACCIDENTS



FOR OTHER ACCIDENTS

