CLAIM FOR DAMAGES TO PERSON OR PROPERTY

California Association for Park & Recreation Indemnity
CAPRI

IMPORTANT: This form is **only for claims against CAPRI.** If your claim is against a CAPRI Member Agency, you must use that agency's claim form and submit your claim directly to the agency's attention. Do not use this form to file a claim against a CAPRI member agency.

OFFICE USE ONLY

TIME STAMP HERE

DELIVER or U.S. MAIL to:
California Association for Park & Recreation Indemnity(CAPRI)
1075 Creekside Ridge Drive
Suite 240
Roseville, CA 95678

INSTRUCTIONS:

1. Read claim *thoroughly*.
2. Fill out claim as indicated; attach additional information if necessary.
3. This office needs the *original* completed claim form and clear readable copies of attachments (if any) if originals are not available.
4. This claim form *must* be signed.

1. FULL NAME OF CLAIMANT

2. MAILING ADDRESS (STREET / PO BOX)

CITY STATE ZIP CODE

HOME TELEPHONE ( )

BUSINESS TELEPHONE ( )

3. WHEN DID DAMAGE OR INJURY OCCUR (PLEASE BE EXACT)

4. WHERE DID DAMAGE OR INJURY OCCUR?

STREET CITY STATE ZIP CODE

5. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED:

6. WERE POLICE OR PARAMEDICS CALLED? ☐ YES ☐ NO

7. IF PHYSICIAN/HOSPITAL WAS VISITED DUE TO INJURY, INCLUDE DATE OF FIRST VISIT AND HOSPITAL'S NAME, ADDRESS AND PHONE NUMBER:

DATE OF FIRST VISIT

PHYSICIAN'S/HOSPITAL'S NAME

PHYSICIAN'S/HOSPITAL'S ADDRESS

PHONE: ( )

8. WHY DO YOU CLAIM THAT CAPRI IS RESPONSIBLE?

9. NAMES OF ANY CAPRI EMPLOYEES (AND THEIR DEPARTMENTS) INVOLVED IN INJURY OR DAMAGE (IF APPLICABLE).

NAME: DEPARTMENT:

10. WITNESSESS TO DAMAGE OR INJURY: LIST ALL PERSONS AND ADDRESSES OF PERSONS KNOWN TO HAVE INFORMATION:

NAME **PHONE**

ADDRESS

NAME **PHONE**

ADDRESS

NAME **PHONE**

ADDRESS

11. GENERAL DESCRIPTION OF INDEBTEDNESS, OBLIGATION, INJURY, DAMAGE, OR LOSS INCURRED (attach copies of receipts or repair estimates)

TOTAL AMOUNT CLAIMED

$_____

THIS CLAIM MUST BE SIGNED TO BE VALID. ***NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE SECTION 72.)***

W A R N I N G :

- CLAIMS FOR DEATH, INJURY TO PERSON OR TO PERSONAL PROPERTY MUST BE FILED NOT LATER THAN SIX (6) MONTHS AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)
- ALL OTHER CLAIMS FOR DAMAGES MUST BE FILED NOT LATER THAN ONE (1) YEAR AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)
- SUBJECT TO CERTAIN EXCEPTIONS. YOU HAVE ONLY SIX (6) MONTHS FROM THE DATE OF THE WRITTEN NOTICE OF REJECTION OF YOUR CLAIM TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)
- IF WRITTEN NOTICE OF REJECTION OF YOUR CLAIM IS NOT GIVEN, YOU HAVE TWO (2) YEARS FROM ACCRUAL OF THE CAUSE OF ACTION TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)

12. CLAIMANT OR PERSON FILING ON HIS/HER BEHALF

SIGNATURE RELATIONSHIP TO CLAIMANT

13. PRINT OR TYPE NAME DATE

REVISED: 08/17/2026