The City of SAN DIEGO

CLAIM AGAINST THE CITY OF SAN DIEGO

Present claim by personal delivery or mail to the **City of San Diego, Risk Management Department, 1200 Third Avenue, Suite 1000, San Diego, CA 92101** Including the claimant's email address on the returned claim form is highly recommended. Claims for death, injury to person or personal property must be filed no later than six (6) months after the occurrence (Gov. Code Section 911.2). All other claims must be filed within one (1) year of the occurrence.

Time Stamp

*** = Required** (Gov. Code Section 910)

Received Via ☐ **Email** ☐ **US Mail** ☐ **Over the Counter** ☐ **Inter-Office Mail**

A.

Claimant Name* (First, Middle, Last)			**Claimant Date of Birth** Mo / Day / Year
Claimant Address*			**Claimant Phone Number** ( )
City*	**State***	**Zip***	**Claimant Social Security Number** ___ ___

B.

Send Official Notices and Correspondence To: *	**Phone Number** ( )
Address*	
City* **State*** **Zip***	**Email Address**

C.

Date of Incident*	**Mo**	**Day**	**Year**	**Time of Incident** ☐ **AM** ☐ **PM**

Location of Incident or Accident (Be Specific)*

Basis of Claim - State in detail all facts and circumstances of the incident.*

State why you believe the City is responsible for the alleged injury, property damage, or loss

D.

Description of Alleged Injury, Property Damage, or Loss*

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Vehicle Information - If your claim relates to a motor vehicle or impound, provide the following information and attach proof of insurance and a copy of the current registration.

Year	Make of Vehicle	Model	License Plate No.	Driver's License No.

Insurance Company	Policy Number	Claim Number

Contact Name	Phone Number ( )	Email Address

Additional Information - Please provide any additional information that might be helpful in considering your claim, including names of witnesses, treating physicians, hospitals, proof of damages such as invoices, receipts, estimates, a diagram, and photographs.

E.

Name and Department of City Employee who Allegedly Caused Injury or Loss (If Known)*	City Vehicle Type/Description	License Plate No./Unit No.

F.

Damages Claimed*- If your claim does not exceed ten thousand dollars ($10,000), state the basis of your computation of the amount claimed. (Attach supporting medical bills, invoices, repair estimates, etc.)

a.	Amount claimed as of claim date	**$**
b.	Estimated amount of future costs	**$**
	Total Amount	**$**

If your claim exceeds ten thousand ($10,000), Government Code 910(f) requires that you indicate whether or not the claim is a "limited civil case." Check one.*****

☐ **Limited** (up to $25,000) ☐ **Unlimited** (over $25,000)

G.

Signature* - Claim form **must** be signed by claimant or party filing the claim. (Gov. Code Section 910.2)

Warning: It is a criminal offense to file a false claim. (California 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 that the foregoing is true and correct.

Printed Name of Signatory and Relationship to Claimant

Date

Signature of Claimant or Person Acting On Behalf of Claimant*

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Claim Form Instructions

Disclaimer: The instructions that follow are to assist you in filling out the attached claim form. These instructions are in no way legal advice. Please be sure that your claim is against the City of San Diego, California. Claims can be filed in person during regular business hours M-F or by mail at 1200 Third Ave., Ste.1000, San Diego, CA 92101. Please allow 45 days to process your claim.

Section A

- **Claimant Name, Address, and Phone Number** – State the full name, mailing address, and phone number of the person or entity claiming personal injury, damage, or loss, or the party who is filing a claim on behalf of another person or entity, such as an insurance carrier filing a claim as subrogee of their named insured.
- **Date of Birth** – State claimant's date of birth including month, day, and year.
- **Social Security Number** – State the claimant's social security number. Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2001 (MMSEA) requires all Responsible Reporting Entities (RREs), including the City of San Diego, to report all claims involving bodily injury or medical treatment. The City is unable to process payments without a Social Security Number or Tax Identification Number. Failure to provide your SSN#, Tax ID# and/or your Medicare Health Insurance Claim Number (HCIN) will delay the processing of your claim and any settlement that may be due.

Section B

- **Official Notices and Correspondence** – Provide the name, mailing address, and phone number of the person to whom all official notices and other correspondence should be sent, if other than claimant. This official contact person can be the claimant or a representative of the claimant. If this section is completed, all official notices and correspondence will be sent to the person listed.

Section C

- **Date of Incident** – State the exact month, day, and year of the incident giving rise to your claim.
- **Time of Incident** – State the exact time, including AM or PM, of the incident giving rise to your claim.
- **Location of Incident or Accident** – Include the city, exact street address, block number and/or cross street.
- **Basis of Claim** – State in detail all facts supporting your claim, including all facts and circumstances of the incident.

Section D

- **Description of Alleged Injury, Property Damage, or Loss** – Provide a detailed description of the alleged injury, damages or loss.
- **Vehicle Information** – For claims relating to property damage to a motor vehicle or injuries arising out of the operation of a motor vehicle, please provide the following: year, make, model and vehicle license plate number of your vehicle or the vehicle you were in, along with the name of the driver, insurance carrier, policy number, the insurance company claim number and their contact information. We also need vehicle information to process vehicle impound claims.
- **Additional Information** –Provide photographs, diagrams, invoices, estimates and/or receipts in support of your allegations. Include name, address, and phone number of witnesses, medical providers, and/or hospitals. You may also attach additional pages as needed.

Section E

- **Name and Department of City Employee, if known.**

Section F

- **Damages Claimed** – State the total amount of money you claim in damages. Provide a breakdown of each item of damages and how that amount was computed. You may include future anticipated expenses or losses. Please attach copies of all bills, receipts, and repair estimates. If the claim involves property damage, please provide two repair estimates. The Government Code provides that if the claim is for less than $10,000, the claimant must state the total amount claimed and the basis of this computation. If the claim exceeds $10,000, no dollar amount needs to be provided, but the claimant must indicate the applicable court jurisdiction. Limited civil jurisdiction cases are those involving damages under $25,000; unlimited civil jurisdiction cases are those involving damages of $25,000 or more.

Section G

- **Signature of Claimant or Representative** – Please be sure to sign and date the Claim Form. Print the name of signatory and your relationship to claimant. The claim must be signed by the claimant or by an official representative of the claimant.

For additional information, contact the Risk Management Department, Public Liability Division at 619-236-6670.