



**CLAIM FOR DAMAGE OR INJURY**

1. Claims for death, injury to personal property must be filed no later than 6 months after occurrence. (Govt. Code Sec. 911.2)
2. Claims for damages to real property must be filed no later than 1 year after occurrence. (Gov. Code Sec. 911.2)
3. Knowingly filing false claims violates Gov. Code Sec. 12650 and Penal Code Sec. 72 and can be prosecuted as fraud.
4. You must provide a response to each question; if it does not apply, please write N/A. You may attach a separate sheet to provide details.
5. You must sign the claim form at the bottom of page 3.
6. File claims with the City Clerk's Office, 10500 Civic Center Drive, Rancho Cucamonga CA 91730 (Gov. Code Sec. 915a)
7. Questions regarding your claim, contact Claudia Nunez, Risk Management Coordinator at 909-774-2420 or Naela Cansino, Risk Management Analyst at 909-774-2416.

**Claim Number:** \_\_\_\_\_

**City Clerk Date Stamp:** \_\_\_\_\_

**Response Due By:** \_\_\_\_\_

Name of Claimant: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

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

City, State, Zip Code: \_\_\_\_\_

Evening( ) \_\_\_\_\_ Cell( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

*Effective January 1, 2010 the Medicare Secondary Payer Act (Federal Law) requires the City to report all claims involving payments for bodily injury and/or medical treatments to Medicare. As such, if you are seeking medical damages we must have both your Social Security Number and your date of birth.*

Medicare Eligible  Yes  No Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Claimant's Driver's License No. \_\_\_\_\_

Type of Loss:  Personal Injury Other: \_\_\_\_\_ Police Report # \_\_\_\_\_  
 \*Property Damage  Indemnity-Date Complaint Received \_\_\_\_\_

**\*If claiming property damage please provide 2 repair estimates**

When did injury or damage occur? \_\_\_\_\_ AM/PM  
(Month/Day/Year) (Day of Week) (Time)

Where did injury or damage occur? (Street address, intersecting streets, or other location; Please use diagram on page 3 to illustrate exact location)

How did injury or damage occur? (Describe accident or occurrence)

What action/inaction by the City, or its employees, caused your injury or damage?

What injury or damage did you suffer?



# CITY OF RANCHO CUCAMONGA

10500 Civic Center Drive | Rancho Cucamonga, CA 91730 | 909.477.2700 | www.CityofRC.us

Were Paramedics called?  Yes  No

Doctors or Hospital (if applicable):

**Doctor**

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

Date(s) of Treatment: \_\_\_\_\_

**Hospital**

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

Date Hospitalized: \_\_\_\_\_

Witnesses to Damage or Injury:

\_\_\_\_\_  
(Name) (Address) (Phone Number)

\_\_\_\_\_  
(Name) (Address) (Phone Number)

\_\_\_\_\_  
(Name) (Address) (Phone Number)

Is total amount of claim greater than \$10,000  Yes  No

*If the amount claimed exceeds ten thousand dollars (\$10,000), do not provide a dollar amount in the claim. However, your claim must indicate whether it would be a limited civil case. A limited civil case is one where the recovery sought, exclusive of attorney fees, interest and court costs, does not exceed \$25,000. An unlimited civil case is one in which the recovery sought is more than \$25,000. (See CCP § 86.)*

Limited Civil Case  Unlimited Civil Case

**AMOUNT CLAIMED, AS OF THE DATE OF PRESENTATION OF THIS CLAIM**

**(attach copies of all documentation including receipts, photographs, repair estimates, and medical bills totaling sum):**

Damages incurred to date (exact amount)	
Property Damage:	\$ _____
Expenses for Medical Care (if any):	\$ _____
General Damages:	\$ _____
<b>TOTAL SUM of claim: \$ _____</b>	

If claim relates to an automobile accident, please answer the following - ATTACH PROOF OF INSURANCE:

Please check here if there was no insurance coverage in effect at time of incident

Insurance Policy # \_\_\_\_\_ Insurance Company \_\_\_\_\_

Insurance Broker/Agent: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ Vehicle License: \_\_\_\_\_

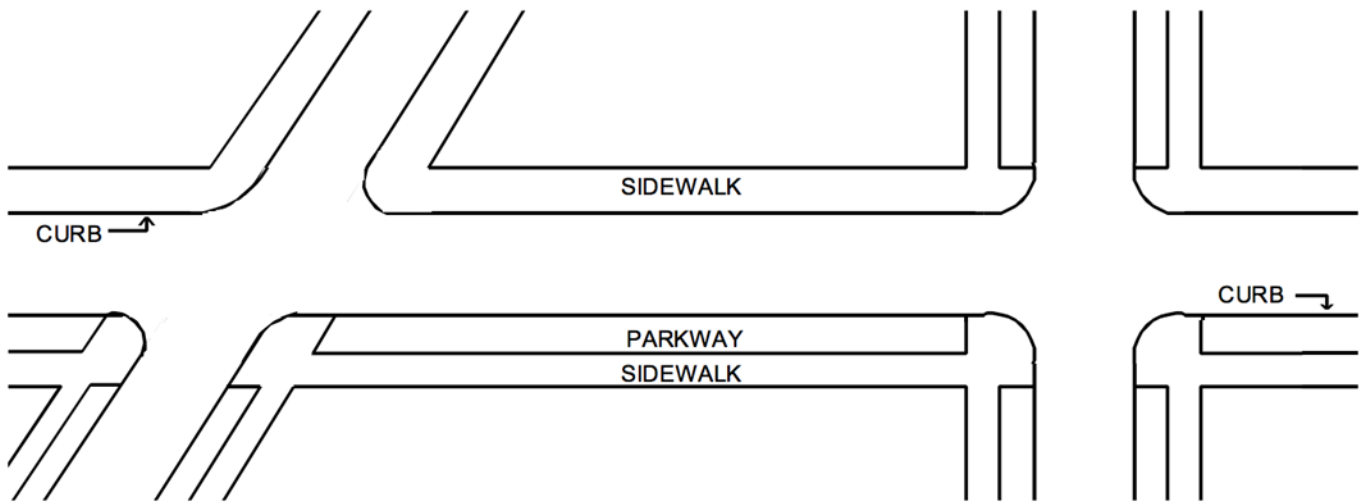


**READ CAREFULLY**

For all accident claims, place on following diagram name of streets, including North, East, South, and West; indicate place of accident by "X" and by showing house numbers or distances to street corners. If City/Agency Vehicle was involved, designate by letter "A" location of City/Agency Vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw

City/Agency Vehicle; location of City/Agency vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X."

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



**ALL NOTICES AND/OR COMMUNICATIONS SHOULD BE SENT TO:**

Name (Mr./Mrs./Ms.) \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_  
Address (Street, City, State, Zip) \_\_\_\_\_

***I HERBY CERTIFY UNDER PENALTY OR PERJURY, THAT THE FOREGOING FACTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. PRESENTATION OF A FALSE CLAIM IS A FELONY.  
(California Penal Code Sec. 72)***

Signature

Relationship (self, attorney, guardian, etc.)

Date