



CLAIM FOR DAMAGES AGAINST THE
CITY OF YORBA LINDA
P.O. BOX 87014
YORBA LINDA, CA 92885 – 8714
PHONE: 714-961-7150

A claim must be presented, as prescribed by the Government Code of the State of California, by the claimant or a person acting on his/her behalf and shall show the following:

If additional space is needed to provide your information, please attach sheets, identifying the paragraph(s) being answered. (Please print legibly)

1. Name and address of the Claimant:

Name of Claimant: _____ Email Address: _____

Mailing Address: _____ Telephone: _____

2. Mailing address to which the person presenting the claim is different than above:

Name of Addressee: _____

Mailing Address: _____

3. The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted:

Date of Occurrence: _____ Time of Occurrence: _____

Location: _____

Circumstances giving rise to this claim: _____

4. General description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of the claim.

5. The name of the public employee or employees involved in the injury, damage, or loss, if known.

6. **If amount claimed totals less than \$10,000:** The amount claimed if totals less than ten thousand dollars (\$10,000) as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed.

Amount claimed and basis for computation: _____

If applicable, please attach any repair bills, minimum of three (3) estimates for repairs, etc., pictures or similar documents supporting your claim.

If amount claimed exceeds \$10,000: If the amount claimed exceeds ten thousand dollars (\$10,000), no dollar amount shall be included in the claim. However, it shall indicate whether the claim 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

You are required to provide the information requested above in order to comply with Government Code § 910. Additionally, in order to conduct a timely investigation and possible resolution of your claim, the City requests that you answer the following questions.

- 7. Claimant(s) Date(s) of Birth: _____

- 8. Name, address and telephone number of any witnesses to the occurrence of transaction which gave rise to the claim asserted:

- 9. If police were at the scene, please provide the police report number: _____

- 10. If the claim involves medical treatment for a claimed injury, please provide the name, address and telephone number of any doctors or hospitals providing treatment:

- 11. If the claim relates to an automobile accident:

Claimant(s) Auto Ins. Co.: _____ Telephone: _____
Address: _____
Insurance Policy No.: _____
Insurance Broker/Agent: _____ Telephone: _____
Address: _____
Claimant's Veh. Lic. No.: _____ Vehicle Make/Year: _____

WARNING: Presentation of a false claim is a felony (Penal Code § 72). Pursuant to CCP § 1038, the City may seek to recover all costs of defense in the event an action is filed which is later determined not to have been brought in good faith and with reasonable cause.

Signature: _____ Date: _____

FOR INTERNAL USE ONLY: COPIES TO: CITY CLERK, ADMINISTRATION, INSURANCE COMPANY, CITY ATTORNEY, OTHER CITY DEPARTMENT(S)

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 a City vehicle was involved designate by letter "A" location of City Vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City Vehicle; location of City 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.

