



CITY OF SANTA ROSA CLAIM FORM FOR INJURY AND DAMAGE

Claims for death, injury to person or to personal property must be filed no later than six months after the occurrence. All other claims for damages must be filed not later than one year after the occurrence. (Government Code section 911.2.)

The undersigned hereby presents the following claim against the City of Santa Rosa in accordance with the provisions of Government Code section 910, et seq.

1. **NAME OF CLAIMANT:** _____ **DATE:** _____

CLAIMANT'S ADDRESS: _____

CITY: _____ **ZIP:** _____

PHONE: _____

2. **MAILING ADDRESS TO WHICH NOTICES FROM THE CITY ARE TO BE DIRECTED:**

CITY: _____ **ZIP:** _____

3. **DATE OF INCIDENT:** _____ **TIME OF INCIDENT:** _____

EXACT LOCATION OF INCIDENT: _____

4. **DESCRIPTION OF THE INCIDENT OR ACCIDENT:**
(Include your reason(s) for believing that the City is liable for your loss(es):

5. **DESCRIPTION OF ALL INJURIES OR DAMAGES WHICH YOU BELIEVE YOU HAVE INCURRED AS A RESULT OF THE INCIDENT:**

6. **NAME(S) OF ANY CITY EMPLOYEE(S) CAUSING THE DAMAGES THAT YOU ARE CLAIMING, IF KNOWN:**



7. DOLLAR AMOUNT OF ALL DAMAGES YOU ARE CLAIMING (Attach all estimates that are available)

AMOUNT OF DAMAGE OR LOSS: _____

PROPERTY DAMAGE OR COST OF REPAIR: _____

MEDICAL BILLS PAST/ESTIMATED FUTURE: _____

LOSS OF INCOME PAST/FUTURE: _____

OTHER EXPENSES: _____

8. IF DOLLAR AMOUNT OF ALL DAMAGES IS GREATER THAN \$10,000, PLEASE INDICATE:

- Case would be limited (less than \$25,000)
- Case would be unlimited (greater than \$25,000)

9. IF CLAIM IS FOR INDEMNITY, ON WHAT DATE WERE YOU SERVED WITH THE UNDERLYING LAWSUIT:

- PRESENTATION OF A FALSE CLAIM WITH AN INTENT TO DEFRAUD IS A FELONY (PENAL CODE SECTION 72).
- CLAIMS ARE SUBJECT TO DISCLOSURE UNDER GOVERNMENT CODE SECTION 6250 ET SEQ. (POWAY UNIFIED SCHOOL DISTRICT V. SUPERIOR COURT) (1998) 62 CAL. APP. 4TH 1496.

SIGNATURE OF CLAIMANT: _____

PRINT NAME: _____ DATE: _____

MEDICARE BENEFICIARY YES _____ NO _____

RETURN COMPLETED FORM TO/OR MAIL FORM TO:

CITY CLERK
CITY OF SANTA ROSA
100 SANTA ROSA AVE, ROOM 10
SANTA ROSA, CA 95404



PRESENTING A CLAIM AGAINST THE CITY OF SANTA ROSA

- PLEASE TYPE OR PRINT CLEARLY ALL THE INFORMATION REQUESTED ON THE CLAIM FORM.
- YOU MUST COMPLETE EACH SECTION, OR YOUR CLAIM MAY BE RETURNED TO YOU AS INSUFFICIENT.
- THE FOLLOWING PROVIDES SPECIFIC INSTRUCTIONS FOR COMPLETING EACH SECTION OF THE CLAIM FORM.

1 & 2. NAME AND MAILING ADDRESS OF CLAIMANT - Print the full name, mailing address and phone number of the person/persons claiming damage or injury.

3. WHEN DID THE DAMAGE OR INJURY OCCUR? -Print the exact month, date, year and approximate time (if known) of the incident which caused the alleged damage/injury.

Under State law, claims relating to causes of action for personal injury, wrongful death, property damage, and crop damage must be presented to the City of Santa Rosa no later than six months after the incident date. Please note that evidence of "presentation" must include a clear postmark date on the envelope or a certification of personal service.

When filing a claim beyond the six-month period, you must explain the reason the claim was not filed within the six-month period. This explanation is called an "application for leave to present a late claim." In considering your claim, the City will first decide whether the late claim application should be granted or denied. (See Government Code Section 911.4 for the legally acceptable reasons claim may be filed late.) Only if your late claim application is granted will the City consider the merits of your claim.

Claims relating to any cause of action, subject to the Tort Claims Act, other than personal injury, wrongful death, property damage, and crop damage, must be presented no later than one year after the incident date. (See Government Code Section 922.2.)

4. WHAT HAPPENED AND WHY IS THE CITY RESPONSIBLE? –Please explain the circumstances that led to the alleged damage or injury. State all facts which support your claim with the City of Santa Rosa, and why you believe the City is responsible for the alleged damage or injury.

5. DESCRIPTION OF DAMAGE OR LOSS– Provide in full detail a description of the damage/injury that allegedly resulted from the incident.

6. NAME(S) OF ANY CITY EMPLOYEE(S) - If known, identify the name of the City Department(s) and/or City employee(s) that allegedly caused the damage or injury.

7. TOTAL AMOUNT CLAIMED - State the specific total dollar amount you are claiming as a result of the alleged damage/injury. Provide a breakdown or how the total amount that you are claiming was computed. You may declare expenses incurred and/or future, anticipated expenses. If you have supporting documentation (i.e., bills, payment receipts, cost estimates), please attach copies to your claim.

8. IF DOLLAR AMOUNT OF ALL DAMAGES IS GREATER THAN \$10,000, PLEASE INDICATE - selecting a box

9. IF CLAIM IS FOR INDEMNITY - please provide date you were served with the underlying lawsuit

SIGNATURE– The claim must be signed by the claimant or by the attorney/representative of the claimant. The City will not accept the claim without a proper signature.

SUBMIT COMPLETED CLAIM AND RELATED DOCUMENTATION TO: The City Clerk's Office 100 Santa Rosa Ave, Room 10, Santa Rosa, CA 95404. The City Clerk's Office will accept personal service during regular City business hours, 8:00 a.m. to 5:00 p.m. Monday through Friday. If you have any questions regarding the filing of a claim, please contact Risk Management at (707) 543-3024