



CLAIM FOR DAMAGES TO PERSONS OR PROPERTY

File Completed Form by Mail or In-Person
City of Buena Park, City Clerk's Office
6650 Beach Blvd.
Buena Park, CA 90622-5009

FOR OFFICIAL USE ONLY

CLAIM NO. _____

CODE NO. _____

INSTRUCTIONS

1. Claims for death, injury to person or to personal property must be filed not later than **six (6) months** after the occurrence. (*Gov. Code Sec. 911.2*).
2. Claims for damages to real property must be filed not later than **one (1) year** after the occurrence. (*Gov. Code Sec. 911.2*.)
3. Complete the Claim form in its entirety. Read entire claim form before filing. Attach separate sheets, if necessary, to give full details. Please print or type information.
4. See page 4 for diagram upon which to locate place of accident.
5. This claim form must be signed and dated on the bottom of page 4.

CLAIMANT INFORMATION

Name _____ Date of Birth _____

Social Security Number _____ Gender _____ Email Address _____

Home Address _____

City, State & Zip Code (*zip code mandatory*) _____ Telephone Number _____

Business Address _____

City, State & Zip Code (*zip code mandatory*) _____ Telephone Number _____

Provide address and telephone number to which you desire notices or communications to be sent regarding this claim, if different than above.

Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L. 110-173), adds mandatory reporting requirements for liability insurance (including self-insurance).

See 42 U.S.C. 1395y(b)(8). The City/Agency is requesting this information in order to comply with the requirements of MMSEA and will not disseminate this information, except for reporting purposes as required by the Act referenced above. You understand that if you are a Medicare beneficiary and you do not provide the requested information, you may be violating obligations as a beneficiary to assist Medicare in coordinating benefits to pay your claims correctly and promptly.

CLAIM INFORMATION

Type of Loss: Personal Injury Property Damage Other: _____

When did injury or damage occur? _____
(Month/Day/Year) (Day of Week) (Time)

If claim is for Equitable Indemnity, give date claimant served with the complaint: _____

Names of any city employees involved in INJURY or DAMAGE:

Where did injury or damage occur? (Street address, intersecting streets, or other location)

Describe in detail how the DAMAGE or INJURY occurred.

Why do you claim the City is responsible?

Describe in detail the injury or damage:

Was damage and/or injury investigated by police? Yes No

If so, name City _____ Police Report # _____

Were paramedics/ambulance called? Yes No If so, name City or Ambulance _____

If injured, provide date, time, name and address of doctor of your first visit:

Witness to injury or damage: (List all person(s) and address of person(s)).

Name	Address	Contact Phone Number

Doctor/Hospital Information: _____
Name, Address, Phone Number

Doctor/Hospital Information: _____
Name, Address, Phone Number

FINANCIAL INFORMATION
Attach copies of supporting documentation for the amounts claimed.

If amount claimed totals less than \$10,000: If the amount claimed 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 as of this date:

Damage to Property: \$ _____

Expenses for Medical & Hospital Care: \$ _____

Loss of Earning: \$ _____

Other Damages: \$ _____

Total amount claimed: \$ _____

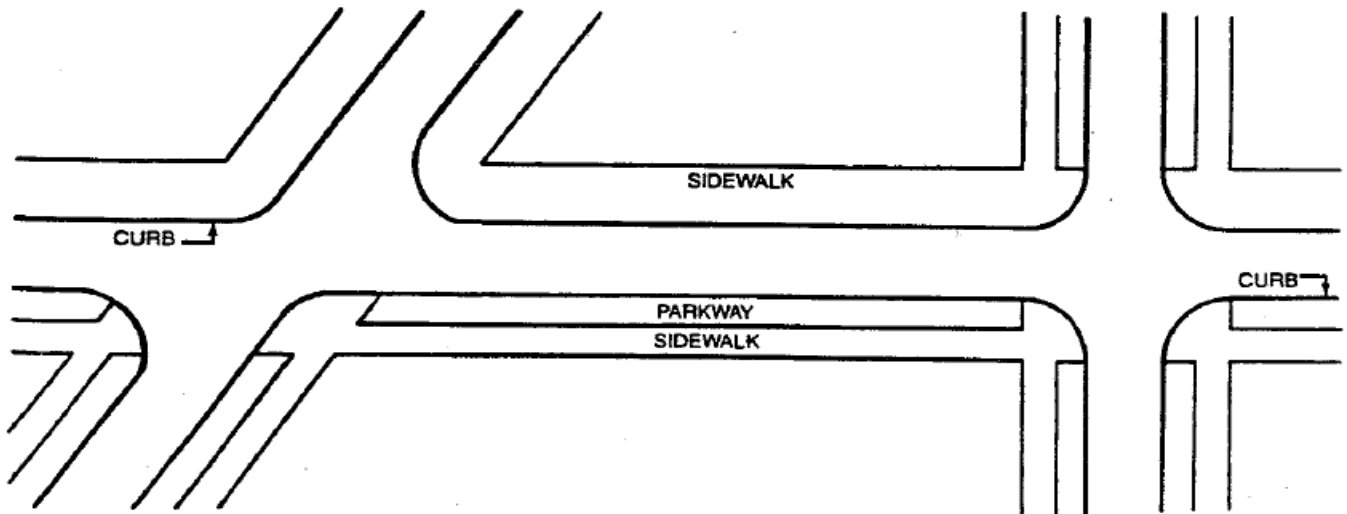
If amount claimed exceeds \$10,000: If the amount claimed exceeds ten thousand dollars (\$10,000), no dollar amount shall be included in the claim. However, it shall indicate whether the claim would be a limited civil case. A limited civil case is one where the recovery sought, exclusive of attorney 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 California Code of Civil Procedure §86.

Select one option: Limited Civil Case Unlimited Civil Case

PLEASE READ CAREFULLY

For all accident claims place on the following diagram:

- Names of streets, including north, south, east, and west;
- Place of accident by marking an "X" and showing house numbers or distances to street corners;
- If City Vehicle is involved, mark location of vehicle where you first saw it with the letter "A" and location of vehicle at the time of the accident with "A-1";
- Mark location of yourself or your vehicle where you first saw City vehicle with the letter "B" and location of yourself or your vehicle at the time of the accident with "B-1".



I hereby certify under penalty of perjury that the facts hereinabove set forth are true and correct to the best of my knowledge.

Signature: _____ Date _____

Section 72 of the Penal Code provides that: "Every person who, with intent to defraud, presents for allowance, or for payment to any state board or officer, or to any County, Town, City, District, Ward or Village Board of Officer, if genuine, and false, fraudulent claim, bill, account, voucher or writing, is guilty of a felony."