

CITY OF VICTORVILLE



CLAIM FOR MONEY OR DAMAGES AGAINST THE CITY OF VICTORVILLE

Present claim by personal delivery or mail to the:

City of Victorville
City Clerk
14343 Civic Drive
Victorville, CA 92392.

A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented not later than six months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented not later than one year after the accrual of the cause of action. See California Government Code §911.2.

Reserved for Filing Stamp

DO NOT WRITE IN THIS AREA

If additional space is needed to provide your information, please attach separate sheets which identify the information being provided. Sign, date and number all attachments to the claim form.

CLAIMANT INFORMATION:

Claimant Name:

Date of Birth:

Address:

Telephone Number:

City, State, Zip:

Social Security Number:

E-Mail Address:

Gender:

ADDRESS TO WHICH THE PERSON PRESENTING THE CLAIM DESIRES NOTICES TO BE SENT:

Name of Addressee:

Relationship to Claimant:

Mailing Address:

Telephone Number:

Email Address:

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) and public entities. See 42 U.S.C. 1395y(b)(8). The City of Victorville is requesting this information 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 the Centers for Medicare & Medicaid Services in coordinating benefits to pay your claims correctly and promptly.

Medicare/Medi-Cal Recipient Yes No

CLAIM DETAILS:

Date of Occurrence:

Time of Occurrence:

Location of Incident or Accident (Be Specific):

Circumstances giving rise to this claim (State in detail all facts and circumstances of the incident or accident):

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

Name, Address, and Telephone Number of any witness(es) to the occurrence or transaction which gave rise to the claim asserted;

If the claim involves medical treatment for a claimed injury, please provide the name, address and telephone number of any doctor(s) or hospital(s) providing treatment:

Please attach any medical records or reports, medical bills or similar documents supporting your claim.

The name or names of the City employee(s) causing the injury, damage, or loss, if known.

VEHICLE INFORMATION:

If the claim relates to a motor vehicle accident, impound or other, provide the following information and attach proof of insurance, and copy of the current registration.

Year:	Make of Vehicle:	Model:
License Plate#:	Driver's License#:	Insurance Company:
Policy Number:	Claim Number:	
Insurance Company Contact:	Phone Number:	
E-Mail Address:		

Name and Department of City Employee who Allegedly caused Injury or Loss (if known).

Employee Name:

Department:

City Vehicle Type/Description:

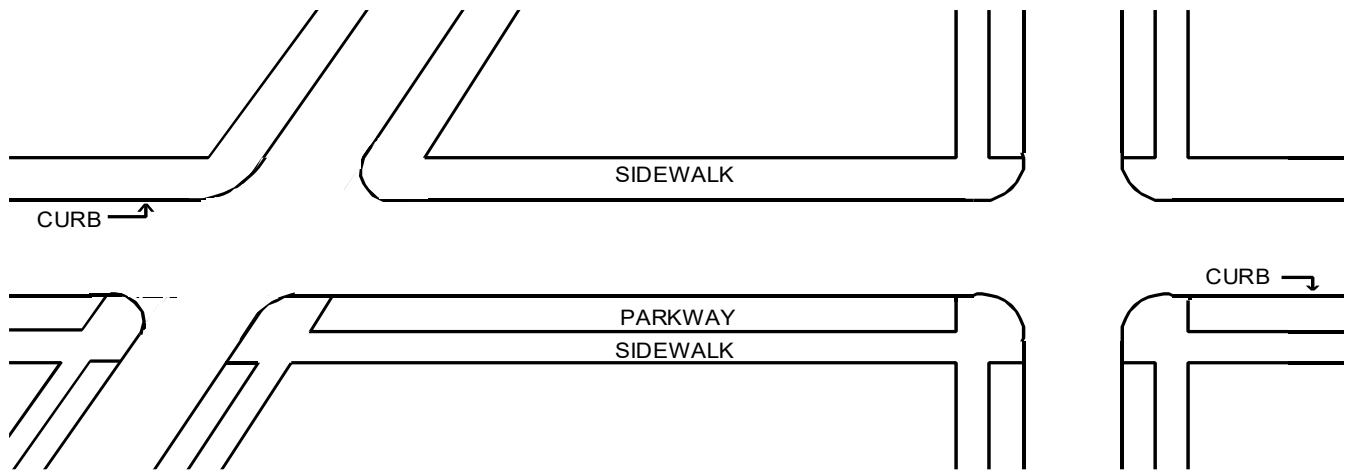
License Plate#:

Please attach proof of damages including repair bills, estimates, invoices, a diagram, photographs or similar documents supporting your claim.

READ CAREFULLY

For all accident claims, place on the following diagram the 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 and by claimant.



DAMAGES 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 Claim Date: \$ _____
Estimated Amount of Future Costs \$ _____
Total Amount: \$ _____

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.

Limited Civil Case (up to \$25,000) Unlimited Civil Case (over \$25,000)

Warning: Presentation of a false claim is a felony. See California Penal Code §72. In the event a legal action is filed and it is determined that the the action was not filed in good faith and with reasonable cause, the City of Victorville may seek to recover all costs of defense. See California Code of Civil Procedure §1038.

Signature of the Claimant or Person acting on the Claimant's behalf:

Date: