

# CLAIM AGAINST THE CITY OF SAN BERNARDINO

(For damages to persons or personal property)

(Complete Both Pages)

A claim against the City of San Bernardino must be filed with the City Clerk within 6 months after the incident or event occurred. Be sure your claim is against the City of San Bernardino and not another public entity. Completed claims must be mailed or delivered to: City Clerk, City of San Bernardino, 290 North D Street, San Bernardino, California 92401. If additional space is needed to answer one of the questions, please attach an additional sheet.

**Warning: A) It is a Criminal Offense to File a False Claim!**

(Penal Code Sec. 72; Insurance Code Sec. 556.1)

**B) It is a Criminal Offense to File a False Claim against a Peace Officer!**

(Penal Code 148.6)

Date Stamp

## Claimant Information

Name \_\_\_\_\_ Address to which claimant desires notices to be sent: \_\_\_\_\_  
Address \_\_\_\_\_ Name \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_ Address \_\_\_\_\_  
Phones \_\_\_\_\_ Zip Code \_\_\_\_\_  
Resident \_\_\_\_\_ Work \_\_\_\_\_ Zip Code \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security No. \_\_\_\_\_

## Claim Information

Date of claim incident \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

Exact and specific location of event from which the claim arises \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the injury, property damage or loss, so far as it is known at the time of this claim.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the occurrence, event, act, object or omission you claim caused the injury or damage. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List persons involved or injured.

		Injured	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.	_____ Name _____ Address _____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____ Name _____ Address _____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____ Name _____ Address _____	<input type="checkbox"/>	<input type="checkbox"/>

Describe injuries for each person, matching injuries with numbers above.

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

State how the City of San Bernardino or its employees were at fault. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Damages Claimed — Less Than \$10,000**

Property Damage

Bodily Injury

Amount claimed as of this date. \_\_\_\_\_

Estimated amount of future costs. \_\_\_\_\_

Total Costs of Claim (Property Damage + Bodily Injury) \_\_\_\_\_

Basis for computation of amounts claimed or attach copies of all bills, invoices, and estimates; \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Damages Claimed — More Than \$10,000**

You must indicate court jurisdiction:

Municipal \_\_\_\_\_

Superior \_\_\_\_\_

**Claim Investigation**

Give the names of any employee(s) who have been involved. \_\_\_\_\_

\_\_\_\_\_

Was this incident reported to a law enforcement agency? Yes  No  If yes, which agency? \_\_\_\_\_

Who reported it? \_\_\_\_\_ When was it reported? \_\_\_\_\_

List the following:

Witnesses:

Hospitals or Doctors:

Name Address

Name Address

Name Address

Name Address

Name Address

Name Address

Indicate additional information which you believe might be helpful in considering this claim.

\_\_\_\_\_

\_\_\_\_\_

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(Penal Code 148.6)

*I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.*

Claimant's Signature

Date