



FONTANA
CALIFORNIA

File With:
City Clerk's Office
City of Fontana
8353 Sierra Avenue
Fontana, CA 92335
(909) 350-7602

**CLAIM AGAINST THE
CITY OF FONTANA**
For Damages to Persons and/or
Personal Property

RESERVE FOR FILING STAMP

CLAIM NO. _____

1. Claims for death, injury to person or personal property (i.e.-vehicles) must be filed **not later than six months** after the occurrence. (Gov. Code Sec 91 1.2.)
2. Claims for damages to real property (i.e.-real estate) must be filed **not later than one year** after the occurrence. (Gov. Code Sec. 91 1.2.)
3. Read the entire claim form before filing with the City Clerk's Office.
4. The claim form must be signed and dated at the bottom of page 2.
5. If necessary, attach additional pages to give full details.
6. *Be sure that the claim is against the City of Fontana, not another public entity.*
7. If claiming property damage, **please provide two repair estimates or one paid receipt.**
8. Effective January 1, 2010, the Medicare Secondary Payer Act (Federal law) requires the City to report all claims involving payments for bodily injury and/or medical treatments to Medicare. *If you are seeking medical damages or monetary compensation of any kind, we must have both your Social Security Number and Date of Birth.* The City will be unable to process your claim without this information.

TO: CITY OF FONTANA	Date of Birth of Claimant:	
Full Name of Claimant:	Claimant's Social Security Number:	
Home Address of Claimant:	City and State:	Home Telephone Number:
Business Address of Claimant:	City and State:	Business Telephone Number:

If different from address(es) above, please provide the name, address, and telephone number to which you desire notices and/or communications be sent regarding this claim:

When did INJURY or DAMAGE occur? Complete Date (month/day/year): _____ Time: _____ (am / pm)	Names of any city employees involved in INJURY or DAMAGE: _____ _____
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Describe in detail *how* the INJURY or DAMAGE occurred.

Where did INJURY or DAMAGE occur? Please describe fully and locate the diagram on page 2. Write in street names and addresses/measurements from landmarks.

Why do you claim the city is responsible? What action/inaction by the City, or its employees, caused INJURY or DAMAGE?

Describe in detail each INJURY or DAMAGE:

State the Total amount claimed as of the date claim is being presented:

\$ _____

****NOTE: (Submit TWO estimates or ONE paid receipt)**

Please attach copies of any supporting documentation for the amounts claimed.

Is the total amount of this claim greater than \$10,000? Yes No

If the amount claimed exceeds ten thousand dollars (\$10,000), do not provide a dollar amount in the claim. However, your claim must indicate whether it 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

List any witnesses to INJURY or DAMAGE: List all person(s) and addresses of persons known to have information:

Name: _____ Name: _____ Name: _____

Address: _____ Address: _____ Address: _____

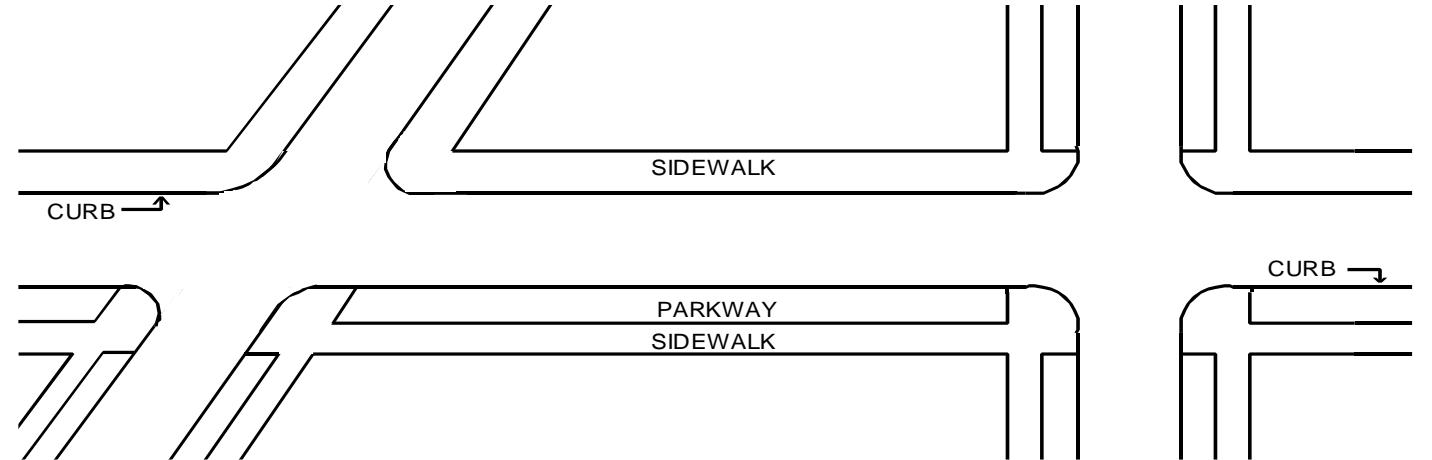
Telephone #: _____ Telephone #: _____ Telephone #: _____

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

location of City/Agency 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.



Warning: PRESENTATION OF A FALSE CLAIM IS A FELONY (CA Penal Code 72).

I HAVE READ THE FOREGOING CLAIM AND KNOW THE CONTENTS THEREOF; AND CERTIFY THAT THE SAME IS TRUE OF MY OWN KNOWLEDGE EXCEPT AS TO THOSE MATTERS WHICH ARE HEREIN STATED UPON MY INFORMATION AND BELIEF; AND AS TO THOSE MATTERS I BELIEVE THEM TO BE TRUE.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT or AUTHORIZED REPRESENTATIVE

PRINTED or TYPED NAME AND RELATIONSHIP TO CLAIMANT

DATE _____