CITY OF LAKE ELSINORE

City Clerk's Office
130 South Main Street
Lake Elsinore, California 92530
(951) 674-3124 ext. 262
(951) 245-5322 fax

Time/Date Received:

FILING A CLAIM FOR DAMAGES WITH THE CITY OF LAKE ELSINORE

Dear Claimant:

The requirements and procedure for recovering damages from the City of Lake Elsinore are outlined in the California Government Code, commencing with §900. Subject to a few exceptions, you are required to file a timely claim with the **CITY CLERK**. In most cases, as further discussed below, to be timely, the claim must be filed within six (6) months of the date of accrual. For your convenience, the City of Lake Elsinore provides a claim form you may elect to use to assist you in presenting your claim for consideration. Instructions for use of the claim form are outlined below.

INSTRUCTIONS FOR COMPLETING THE CLAIM FORM

Please type or print, using black or blue ink, all of the information requested on the Claim Form.

1. **Claimant, Notification and General Information** – In the top section of the claim form, state full legal name, address and date of birth of the claimant. Also provide the name and mailing address where claims information should be sent if other than the claimant. Provide the telephone number where additional information may be obtained.
2. **Date of Accident** – It is critical that you provide the date of the accident or event that caused the damage for which you seek compensation. Failure to provide this information will cause your claim to be returned as insufficient.
3. **Place of Accident** – Describe the location of the accident or event with sufficient particularity to be able to identify the location on a map and visit the scene. Be sure to indicate if it is within the City.
4. **Property Damage** – If the claim seeks recovery of property damage, describe the nature and extent of the damage and the method used to calculate the claimed amount. If someone else owns the property, provide their name, address and telephone number. Attach copies of any repair bills and damage estimates that support your claim. In case of lost property, evidence of ownership and replacement costs are helpful.
5. **Personal Injury** – If the claim seeks recovery for personal injury or wrongful death, describe the nature and extent of the injuries, medical treatment received, and any other information relevant to assist in consideration of your claim.
6. **Liability** – Describe how the event occurred and the facts and circumstances of why you believe the City of Lake Elsinore is liable for your damage.
7. **Amount of Claim** – State the total amount you are claiming as a result of the alleged damage/injury. Indicate if the costs or damage is continuing, and describe the basis for this assertion. If the total amount is unspecific or exceeds $10,000, designate the appropriate court jurisdiction for the claim. If available, attach copies of all bills, payment receipts, and cost estimate(s). Provide an itemized and total of all damages. Attach at least two (2) estimates of repairs for damages to your property.
8. **Witnesses** – Provide the names and contact information of any witnesses to the accident, including City employees involved in the incident.

9. **Signature** – Government Code §910.2 provides: "The Claim shall be signed by the Claimant or by some person on his/her behalf."
10. **Additional Space Needed** – If additional space is needed feel free to attach additional pages.

The date of the incident must be provided on the claim form. Pursuant to Government Code §911.2, claims relating to causes of action for personal injury, wrongful death, property damage, and crop damage must be presented to the City no later than six (6) months after the incident date. Government Code §911.4 provides for an Application for Leave to Present a Late Claim for these types of claims presented beyond the six months, and within one year.

Once you have completed the claim form, mail or deliver it with all supporting documents to the:

CITY CLERK
CITY OF LAKE ELSINORE
130 SO. MAIN ST.
LAKE ELSINORE, CA 92530

A clear postmark date on an envelope or the received stamp by the City Clerk's Office for claims made by personal service will be deemed the date of presentation to the City.

WHAT HAPPENS NEXT?
Your claim will be reviewed and investigated by the City's Insurance Carrier. You should hear back on the status of your claim within 30 days of the presentation of your claim.

Medicare recipients seeking compensation for personal injuries or medical expenses may be required to provide their Medicare Identification Number pursuant to 42 USC §1395y.

Claims submitted to the City of Lake Elsinore are public records, and must be disclosed upon request.

City of Lake Elsinore **Claim for Damage or Injury** Use Black or Blue Ink Type Attach Additional Pages if Necessary	Mail Claim Form To: **City Clerk** **City of Lake Elsinore** **130 South Main Street** **Lake Elsinore, California 92530**

CLAIMANT, NOTIFICATION AND GENERAL INFORMATION

CLAIMANT FULL NAME		CLAIMANT ADDRESS (Required)
PERSON TO BE NOTIFIED OF ANY ACTION TAKEN ON CLAIM		NOTIFICATION ADDRESS (IF DIFFERENT THAN ABOVE)
CLAIMANT DATE OF BIRTH	MEDICARE BENEFICIARY ☐ Yes ☐ No	PHONE NUMBER(S)
DATE OF ACCIDENT	ACCIDENT TIME AM / PM	EMAIL ADDRES (OPTIONAL)
PLACE OF ACCIDENT (COMPLETE ADDRESS AND DESCRIPTION TO LOCATE ON A MAP / OR VISIT THE SCENE):		

PROPERTY DAMAGE

DESCRIBE PROPERTY DAMAGE CLAIMED, INCLUDING LOCATION, NATURE OF DAMAGE, CAUSE AND HOW VALUE IS CALCULATED:

PERSONAL INJURY

STATE THE NATURE AND EXTENT OF CLAIMANT'S INJURY WHICH FORMS THE BASIS OF THIS CLAIM:

LIABILITY

INDICATE HOW THE ACCIDENT HAPPENED, WHY YOU FEEL THE CITY IS LIABLE AND NAME OF INVOLVED CITY EMPLOYEE(S):

AMOUNT OF CLAIM

PROPERTY DAMAGE:	PERSOANL INJURY $:	TOTAL AMOUNT OF CLAIM:

WITNESSES

NAME (S) / ADDRESS(ES):

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Every person who, with intent to defraud, presents for allowance or payment any false or fraudulent claim against the City is guilty of a felony. (See California Penal Code §72)	I DECALRE UNDER THE PENALTIES OF PURJURY OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS CORRECT AND THAT THE AMOUNT OF THIS CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT DESCRIBED HEREIN. X_____ _____ SIGNATURE OF CLAIMANT DATE

NOTICE TO CLAIMANT

In order for your claim to receive proper consideration you are requested to supply the information called for on this application form. All material facts should be stated on this form, as it will be the basis of further action upon your claim. The instructions set forth should be read carefully before the form is completed.

INSTRUCTIONS

Claims must be signed by the property owner, injured party, or the person representing the claim. Unsigned claim forms cannot be honored. See Government Code §910.2, the amount claimed must be sustained by competent evidence before a claim can be paid. Whether attached to the claim form, or submitted subsequently, evidence supporting the amount claimed may include:

(a) In support of a claim for the personal injury or death, the claimant should submit documentation evidencing the injuries sustained, treatment rendered, the period of hospitalization, future treatment, the degrees of permanent disability, the prognosis, and evidence of medical bills received and paid. It is recommended that such medical evidence **NOT** be attached to the claim form, but that such substantiation of damages be provided upon request. The Claim Form and attachments thereto is a public record and subject to public inspection.

(b) In support of claims for damage to property which has been or can be economically repaired, submit at least two itemized signed repair estimates or statements of damage by reliable, disinterested persons, or if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claim for lost property or property that cannot be economically repaired, submit documentation of the original cost of the property, the date of purchase, and the value of the property before and after the accident. The statements demonstrating the value of the property should be disinterested competent persons, preferably reputable dealers, persons familiar with the type of property, by two or more competitive bidders, or advertisements for the same or similar property.

The completed Claim Form must be mailed or delivered to the City Clerk at the address on the prior page. Questions or requests for further information should be directed to the City Clerk's Office at (951) 674-3124.

INSTRUCTIONS REGARDING INSURANCE COVERAGE

In order that claims may be properly adjusted by the City or your insurance company, it is essential that the claimant provide the following information regarding any insurance coverage available for the loss or injury.

DO YOU CARRY AUTO COLLISION COVERAGE? ☐ Yes ☐ No	IF "YES" GIVE NAME AND ADDRESS OF INSURANCE COMPANY AND POLICY NUMBER:	
HAVE YOU FILED A CLAIM WITH YOUR INSURANCE CARRIER IN THIS INSTANCE? ☐ Yes ☐ No	IF "YES" WHAT IS YOUR DEDUCTABLE?	INSURANCE COMPANY CLAIM NO.?
IF A CLAIM HAS BEEN FILED, WHAT ACTION HAS YOUR INSURER TAKEN, OR WHAT ACTION DOES IT PURPOSE TO TAKE WITH THE REFERENCE TO YOUR CLAIM?		
DO YOU CARRY PUBLIC LIABILITY AND PROPERTY DAMAGE COVERAGE?	**IF "YES" GIVE NAME OF INSURANCE CARRIER:**	
NAME OF CLAIMANT:		