CITY OF SACRAMENTO - CLAIM FORM

For official use only

♦♦♦♦ PLEASE READ INSTRUCTIONS ON OTHER SIDE FIRST ♦♦♦♦

Name of Claimant: _____
(First Name) *(Middle Initial* *(Last Name)*

Home Address: _____

City, State, Zip: _____

Daytime (___) _____ Evening (___) _____

Type of Loss ◯ Personal Injury ◯ Other_____ **Police Report #**_____
◯ Property Damage ◯ Indemnity-Date complaint served

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

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

_____

How did injury or damage occur? *(Describe accident or occurrence)* _____

_____

What action or inaction of City employee(s) caused your injury or damage?_____

_____

What injury or damage did you suffer?_____

_____

Name of any witnesses: _____
(Name) *(Address)* *(Phone Number)*

_____
(Name) *(Address)* *(Phone Number)*

Name of City employee(s) involved: _____

Amount of Claim: Personal Injury $_____ **Property Damage $**_____ **Other $**_____

Limited Civil Case: Yes_____ **No**_____

State the amount of your claim if the total amount is $10,000.00 or less. If it is over $10,000.00, no dollar amount shall be stated, but you are required to state whether the claim would be a limited civil case (total amount of claim does not exceed $25,000).

ALL NOTICES AND/OR COMMUNICATIONS SHOULD BE SENT TO:

Name _____ Daytime Phone (___) _____

Address *(Street, City, State, Zip)*:_____

WARNING: CCFORM 6 (Rev 12/14)

It is unlawful to knowingly present or cause to be presented any false or fraudulent claim for payment of a loss or injury. (P.C. § 550(c)(1).) Every person who violates this paragraph is guilty of a felony punishable by imprisonment in state prison for two, three, or five years and by a fine not exceeding fifty thousand dollars ($50,000). (P.C. § 550(c)(1).) Pursuant to Code of Civil Procedure § 1038, the City may seek to recover all costs of defense in the event an action is filed that is later determined not to have been brought in good faith and with reasonable cause.

Declaration and Signature of Claimant(s): I declare under penalty of perjury that I have read the foregoing claim for damages and know the contents thereof; that the same is true of my knowledge and belief, save and except as to those matters stated on information and belief, and as to them, I believe to be true.

Signature:_____ Relationship:_____ Date: _____

CCFORM 6 (Rev 12/14)

You are required by law to provide the information requested on page 1 in order to comply with Government Code § 910 and § 910.2. Additionally, in order to conduct a timely investigation the City of Sacramento requests that you provide additional information:

1. Claimant(s) Social Security Numbers(s): _____

2. Claimant(s) Date of Birth: _____

3. Claimant's Driver's License Number and State: _____

4. Are you a Medicare Beneficiary? ☐ Yes ☐ No

5. Medicare HICN number: _____

6. If the claim involves a motor vehicle incident, please provide the following information:

   Claimant(s) Insurance Company:_____ Telephone:_____

   Insurance Policy No.:_____

   Insurance Agent:_____ Telephone: _____

   Claimant's Vehicle Year/Make/Model_____ License Plate No. _____

   Please check here if there was no insurance coverage in effect at the time of the incident.
   (Please attach any repair bills, estimates, and photographs of your vehicle damage.)

7. If this claim involves medical treatment for a claimed injury, please provide the name, address and telephone number of any doctors, hospitals or other medical providers (e.g. chiropractors, physical therapists, acupuncturists, etc.) providing treatment. (Government Code § 985).

_____

_____

8. Additionally, please provide the name, address and telephone number of any insurance company (or other similar entity), which has or is expected to make payments to you or any medical provider on your behalf as a result of your claimed injuries (e.g., Medi-Cal, unemployment insurance, disability insurance, etc.). (Government § 985(c).) _____

_____

CLAIM AGAINST THE CITY OF SACRAMENTO

INSTRUCTIONS

Please provide an original of the "City of Sacramento- Claim Form." The original, together with one copy of all attachments, are to be filed with the Office of the City Clerk. Retain one copy for your records. Please send to this address:

Office of the City Clerk
915 I Street
5th Floor, New City Hall Bldg.
Sacramento, CA 95814

NOTICE: The City Clerk's Office is the **ONLY** office to which claims may be submitted. Claims are NOT to be sent to the City Attorney, Risk Management, or any other City Department.

Please fill out claim form as instructed. Missing information will delay the processing of your claim. Please Print.

PROCEDURES

Claims received by the Office of the City Clerk are forwarded to the City's Claims Administrator. All claimants are then notified what action will be taken within 45 days (plus additional days if the form is mailed to the City Clerk), or otherwise notified as to the claim itself.

If your claim is recommended for denial you will be sent a letter notifying you of the action taken, and any further action necessary or available to you.

The Sacramento Housing and Redevelopment Agency, Sacramento Regional Transit, County of Sacramento, Sacramento Municipal Utilities District, and the Sacramento Unified School District are separate from the City of Sacramento and any claims against them must be submitted directly to the Agency or Authority.

******ALL CLAIMS ARE PUBLIC RECORD******