

**CITY OF PASADENA
CLAIMS INFORMATION SHEET**

INSTRUCTIONS

1. Complete the attached claim form by typewriter or in black ink.
2. Answer each inquiry on the claim form, providing full details for each.
3. Sign and date the claim on page 3.
4. Present a claim for death, personal injury or personal property damage within six months of the incident to the City Clerk's Office, 100 N. Garfield Ave. Room S228, P.O Box 7115 Pasadena, CA 91109-7215. See Government Code Section 911.2 for other time limitations.

INFORMATION

1. The claim will be received by the City Council and forwarded to the City's Claims Coordinator for investigation, processing and possible resolution.
2. If your claim was filed within the time permitted by law, State law requires that your claim is automatically deemed denied by operation of law 45 days after the filing date. See California Government Code Section 912.4. The City will send you a notice of such denial automatically after 45 days have passed from the date you filed your claim.

A word of clarification regarding automatic 45-day rejection notice is in order. This 45-day rejection notice is sent without regard to the investigation or settlement status of your claim, since it is a State-mandated rejection notice. Investigation or settlement discussion you may reach after such automatic 45-day notice is not affected by this 45-day rejection notice.

The 45-day rejection notice will advise you that you have only six months thereafter to file a lawsuit. Although review of your claim by the City, and settlement discussions with the City, may well continue after the 45-day rejection notice and during this six-month period, the six-month filing deadline is binding; you must comply with this six-month Statute of Limitations if your case is not resolved prior to expiration of the six-month period. See Government Code Sections 913 and 945.6.

3. The City of Pasadena will seek to recover all costs of defense, including attorney's fees and City resources used in defending the case, in the event a lawsuit is filed against the City and it is determined that the lawsuit was not brought in good faith and based on reasonable cause. See California Code of Civil, Procedure Sections 128.5, 1021.7 and 1038.
4. The submission of a false claim is a crime. See Section 72 of the California Penal Code.
5. Receipt of a claim form assignment of a "claim" number by the City Clerk does not waive any right the City may have to object to the sufficiency or timeliness of the claim, or any portion thereof.
6. If you have any questions, please call Claims Coordinator at (626) 744-6772 or write to Claims Coordinator, City of Pasadena, Liability-Claims, 100 N. Garfield Ave., Room N210, P.O Box 7115 Pasadena, CA 91109-7215.

City Clerk

CLAIM AGAINST THE CITY OF PASADENA
(FOR DAMAGES TO PERSONS OR PERSONAL PROPERTY)

FOR CITY USE - DO NOT WRITE IN THIS AREA

Received via

U.S. Mail Date: _____

Inter-Office Mail Time: _____

Over the Counter _____

CLAIM # _____

SIGNATURE OF EMPLOYEE ACCEPTING CLAIM

A claim must be filed with the City Clerk's Office of the City of Pasadena no later than six (6) months after the incident or occurrence for death, injury to person or damage to personal property. Be sure your cause of action is against the City of Pasadena, not another public entity. Where space is insufficient, please use additional paper and identify information by paragraph number. All blanks must be completed. Completed claims must be mailed or delivered to: City Clerk, 100 N. Garfield Ave., Room S228, P.O. Box 7115 Pasadena, California 91109-7215. See Government Code § 911.2 and Pasadena City Charter § 1011 for filing information on other types of claims.

TO: The Council Members of the City of Pasadena, California

The undersigned respectfully submits the following claim:

1. NAME OF CLAIMANT: _____

a. ADDRESS OF CLAIMANT: _____ City: _____ ZIP CODE: _____

b. PHONE NO. (____) _____ c. BUS. PHONE NO. (____) _____ d. DATE OF BIRTH _____

e. SOCIAL SECURITY NO. _____ f. DRIVER'S LIC. NO. (____) _____

2. Name, telephone and post office address to which claimant desires notices to be sent if other than above:

3. Occurrence or event from which the claim arises (see Government Code § 910c and d):

a. DATE: _____ b. TIME: _____ c. PLACE (state exact and specific

location, including distances from known objects): _____

d. State the circumstances of the occurrence, transaction, act or defect you claim caused the injury or damage (use additional paper if necessary). State details describing any hazardous condition or wrongful actions of any City employee. Include measurements (including height, width and depth) of any property defect. Attach available photographs.

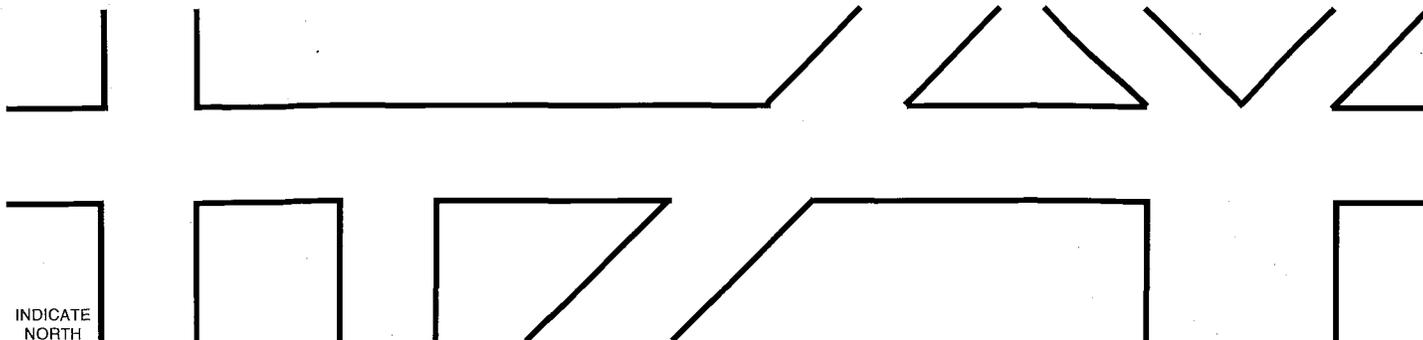
READ CAREFULLY

For all non-vehicle accident claims place names of streets (including North, East, South, and West) on the following diagram, and indicate place of accident by "X" and by showing house numbers or distances to street corners or known objects.

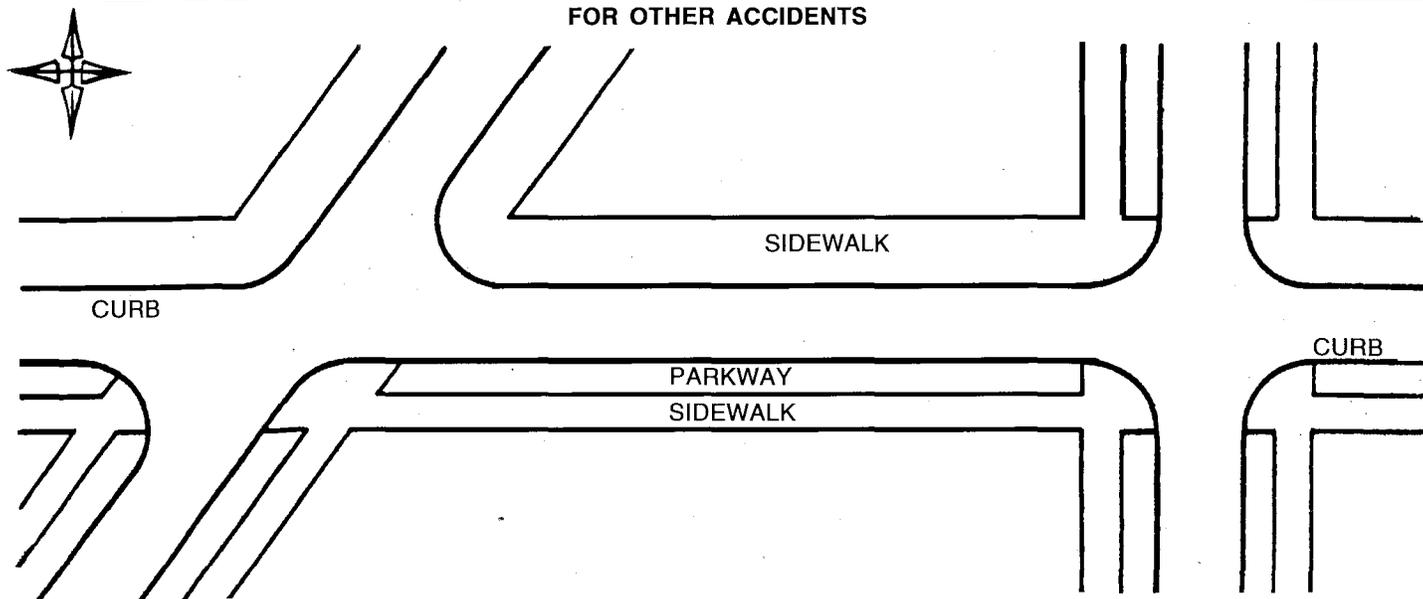
If a vehicle was involved, identify location on the diagram of City or other vehicle when you first saw it by letter "A"; location of yourself or your vehicle when you first saw City or other vehicle by letter "B"; and the point of impact by "X". Please use a box such as **A** or **B** to represent a vehicle.

NOTE: If diagrams below do not fit the situation, attach a proper diagram signed by claimant.

FOR MOTOR VEHICLE ACCIDENTS



FOR OTHER ACCIDENTS



f. State exactly how the injury or damage occurred: _____

4. Give the name(s) of the City employee(s) causing the damage or injury if known (see Government Code § 910e): _____

5. Give a description of the injury, property damage, loss or indebtedness, so far as is known at the time of this claim. If there were no personal injuries, state "no injuries" (see Government Code § 910d):

6. Damages claimed (see Government Code § 910f):

a. If under \$10,000, complete the following:

- (1) Amount claimed as of this date: \$ _____
- (2) Estimated amount of future costs: \$ _____
- (3) Total amount claimed: \$ _____
- (4) Basis of computation of amounts (include copies of all bills, invoices, estimates, etc.): _____

b. If over \$10,000, check either:

- (1) _____ under \$25,000 (Municipal Court jurisdiction)
- (2) _____ over \$25,000 (Superior Court jurisdiction)

7. Names, addresses and telephone numbers of all witnesses, hospitals, doctors, other persons injured, property owners, etc.:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

8. Any additional information that might be helpful in considering the claim:

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS. Every person who, with intent to defraud, presents any false claim or writing to the City for payment may be subject to imprisonment in a state prison and a fine of \$10,000 (Penal Code § 72).

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.

Signed this _____ day of _____, 20_____.

at _____

CLAIMANT'S SIGNATURE

PRINTED OR TYPED NAME