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.
- 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 acknowledged by the Council Members and forwarded to the City's Claims Coordinator, Robert Hays, for investigation, processing and possible resolution.
- 2. If your claim was filed within the time permitted by law, and if you are not earlier notified in writing that the Board has taken action to accept or reject your claim, State law requires that your claim be deemed denied automatically 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 this automatic 45-day rejection notice is in order. This 45-day rejection notice is sent without regard to the actual settlement status of your claim, since it is a State-mandated rejection notice. Any settlement you have reached before, or may reach after, such automatic 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 if not resolved to your satisfaction 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. Acceptance of a claim form or 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 Mr. Robert Hays at (626) 744-6772 or write to him at: Robert Hays, Claims Coordinator, City of Pasadena, Liability—Claims, 100 N. Garfield Ave., Room S315, 3rd Floor, P.O. Box 7115 Pasadena, California 91109-7215.

City CI	erk
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CLAIM AGAINST THE CITY OF PASADENA

(FOR DAMAGES TO PERSONS OR PERSONAL PROPERTY)

FOR CITY USE - DO NOT WRITE IN THIS AREA

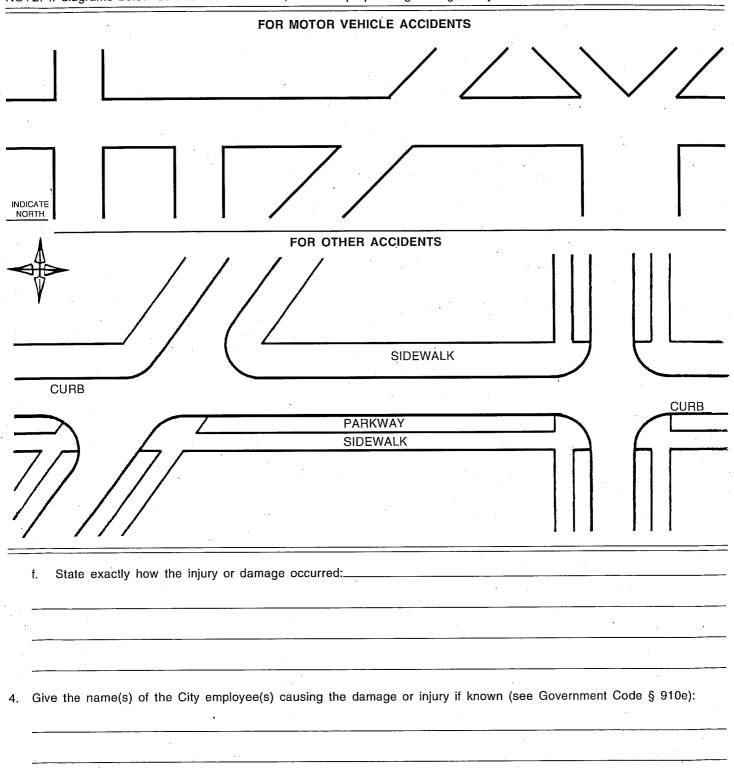
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or occurrer of Pasader by paragra 100 N. Gar	ice fo na, nc ph nu field	r death, injury to pers t another public enti Imber. All blanks m Ave., Room S228, P.	Clerk's Office of the Coson or damage to perty. Where space is inust be completed. O. Box 7115 Pasade ing information on ot	rsonal property. Be nsufficient, please Completed claims ena, California 9110	sure your cause of use additional pap must be mailed o 9-7215. See Gov	of action is against per and identify infor r delivered to: Cit	the City ormation by Clerk,
		-	of Pasadena, Cali				
1. NAME OF CLA	IMAN.	T:	•	1174VALUE - L. C.		, . , . ,	
a. ADDRESS (OF CI	_AIMANT:		City:		ZIP CODE:	***
b. PHONE NO	. (_)	c. BUS. PHONE	NO. ()	d. DA	ATE OF BIRTH	
e. SOCIAL SE	CURI	TY NO	****	f. DRIVER'S I	_IC. NO. ()	
2. Name, telepho	ne ar	d post office addres	s to which claimant	desires notices to b	pe sent if other th	an above:	***
3. Occurrence or	even	t from which the clai	im arises (see Gove	rnment Code § 910	c and d):		
a. DATE:			b. TIM <u>E:</u> _	<u></u>	c. P	LACE (state exact	and specific
location, includ	ing d	istances from known	objects):				BANKEY
							
if necessary). Sta	ate details describing	ence, transaction, ac g any hazardous cond any property defect	dition or wrongful ac	ctions of any City		
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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 $\boxed{\mathbb{A}}$ or $\boxed{\mathbb{B}}$ to represent a vehicle.

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



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7	
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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 a	Il bills, invoices, estimates, etc.):
b. If over \$10,000, check either:	
(1) under \$25,000 (Municipal Court jurisdic	tion)
(2) over \$25,000 (Superior Court jurisdictio	,
(2) over \$25,000 (Superior Court jurisdictio	n) hospitals, doctors, other persons injured, property owners, etc.:
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