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

CLAIM FOR MONEY OR DAMAGES AGAINST THE CITY OF FONTANA

RESERVE FOR FILING STAMP

CLAIM NO._____

A claim must be presented, as prescribed by the Government Code of the State of California, by the claimant or a person acting on his/her behalf and shall provide the information shown below. Be sure your claim is against the City of Fontana, not another public entity.

If additional space is needed to provide your information, please attach sheets, identifying the paragraph(s) being answered.

1. Name and Post Office address of the Claimant:

Name of Claimant:

Post Office Address:

2. Post Office address to which the person presenting the claim desires notices to be sent:

Name of Addressee: Telephone:

Post Office Address:

3. The date, place and other circumstances of the occurrence or transaction from which the claim arises.

Date of Occurrence: Time of Occurrence:

Location:

Circumstances giving rise to this claim:

4. General description of the indebtedness, obligation, injury, damage or loss incurred so far as you now know.

5. The name or names of the public employee or employees causing the injury, damage, or loss, if known.

6. **If amount claimed totals less than $10,000:** Provide the amount claimed if it totals less than ten thousand dollars ($10,000) as of the date of your claim, including the estimated amount of any related potential future injury, damage, or loss, insofar as it may be known as of the date of your claim, together with the basis of computation of the amount claimed (include copies of all bills, invoices, estimates, etc.)

Amount Claimed and basis for computation:

If amount claimed exceeds $10,000: 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

You are required to provide the information requested above in order to comply with Government Code §910. Additionally, in order to conduct a timely investigation and possible resolution of your claim, the City of Fontana requests that you answer the following questions.

7. Claimant(s) Age

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. 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.

SS#: Date of Birth:

9. Name, address and telephone number of any witnesses to the occurrence or transaction from which the claim arises:

10. If the claim involves medical treatment for a claimed injury, please provide the name, address and telephone number of any doctors or hospitals providing treatment:

If applicable, please attach any medical bills or reports or similar documents supporting your claim.

. If the claim relates to an automobile accident:

Claimant(s) Auto Ins. Co.: Telephone:

Address:

Insurance Policy No.:

Insurance Broker/Agent: Telephone:

Address:

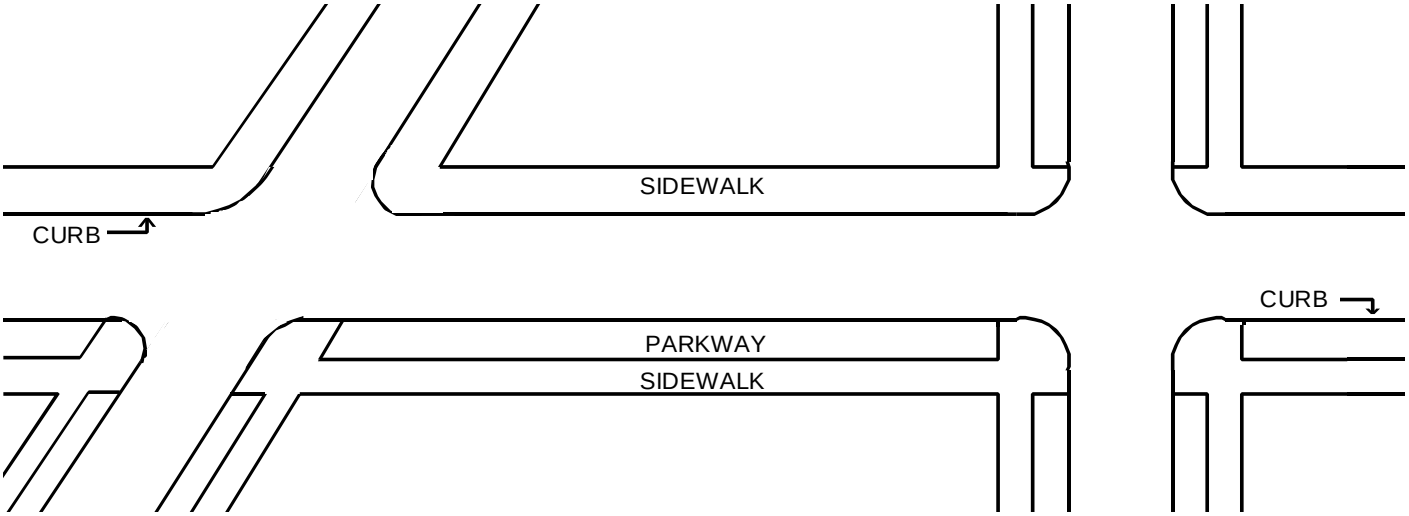
Claimant's Veh. Lic. No.:	Vehicle Make/Year:
Claimant's Drivers Lic. No.:	Expiration:

If applicable, please attach any repair bills, estimates or similar documents supporting your claim.

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 (Penal Code §72). Pursuant to CCP §1038, the City/Agency may seek to recover all costs of defense in the event an action is filed which is later determined not to have been brought in good faith and with reasonable cause.

Signature: Date: