



# City of Rancho Santa Margarita

## **CLAIM FOR DAMAGES**

### **To Person or Property**

#### INSTRUCTIONS

1. Claims for death or injury to person or to personal property must be filed not later than six months after the occurrence. (Gov. Code Sec. 911.2) Be sure your claim is against the City of Rancho Santa Margarita, Not another public entity.
2. Claims for damages to real property must be filed not later than 1 year after the occurrence. (Gov. Code Sec. 911.2)
3. Read the entire claim before filing.
4. See Page 4 for the diagram upon which to locate the place of the accident.
5. This claim form must be signed on page 3 at the bottom.
6. Attach separate sheets, if necessary, to give full details. SIGN EACH SHEET.
7. Claim must be filed with the City Clerk. (Gov. Code Sec. 915a)

Reserved for Date Stamp

Claim No. \_\_\_\_\_

Received by \_\_\_\_\_

Via US Mail \_\_\_\_\_

Hand Delivered \_\_\_\_\_

**THE UNDERSIGNED RESPECTFULLY SUBMITS THE FOLLOWING CLAIM AND INFORMATION RELATIVE TO DAMAGE TO PERSONS AND/OR PERSONAL PROPERTY PURSUANT TO THE PROVISIONS OF SECTIONS 900 THROUGH 915.2 OF THE GOVERNMENT CODE:**

Completed Claims must be mailed or delivered to:

CITY OF RANCHO SANTA MARGARITA  
City Clerk  
22112 El Paseo  
Rancho Santa Margarita, CA 92688

#### CLAIMANT INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Phone: Daytime ( ) \_\_\_\_\_

Evening ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_

1. Name, telephone, address to which claimant desires notices to be sent if other than above:

2. When did damage or injury occur? (Give exact date and hour)

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3. Where did damage or injury occur? (State specific location and locate on diagram on pg. 4, where appropriate, give street names and addresses and measurements from landmarks)
  
4. How did damage or injury occur? (Give full details)
  
5. What particular act or omission by the City, or its employees, caused the alleged damage or injury?
  
6. Give a description of the injury, property damage, or loss, so far as is known at the time of this claim. If there were no injuries, state, "No injuries":
  
7. Give the name(s) of the City employee(s) causing the damage or injury:
  
8. Give Names and addresses of any other persons injured:

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9. Give names and addresses of owners of any damaged property:
10. Give names and addresses of all witnesses, hospitals, doctors, etc.:
11. Damages Claimed:
- a. Amount claimed as of this date: \$ \_\_\_\_\_
  - b. Estimated amount of future costs: \$ \_\_\_\_\_
  - c. Total amount claimed: \$ \_\_\_\_\_
  - d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.):
12. Expenditures made on account of accident or injury:
13. Insurance payments received, if any, and names of Insurance Company:
14. Any additional information that might be helpful in considering claim:

**I HAVE READ THE MATTERS AND STATEMENTS MADE IN THE ABOVE CLAIM AND 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 THAT 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

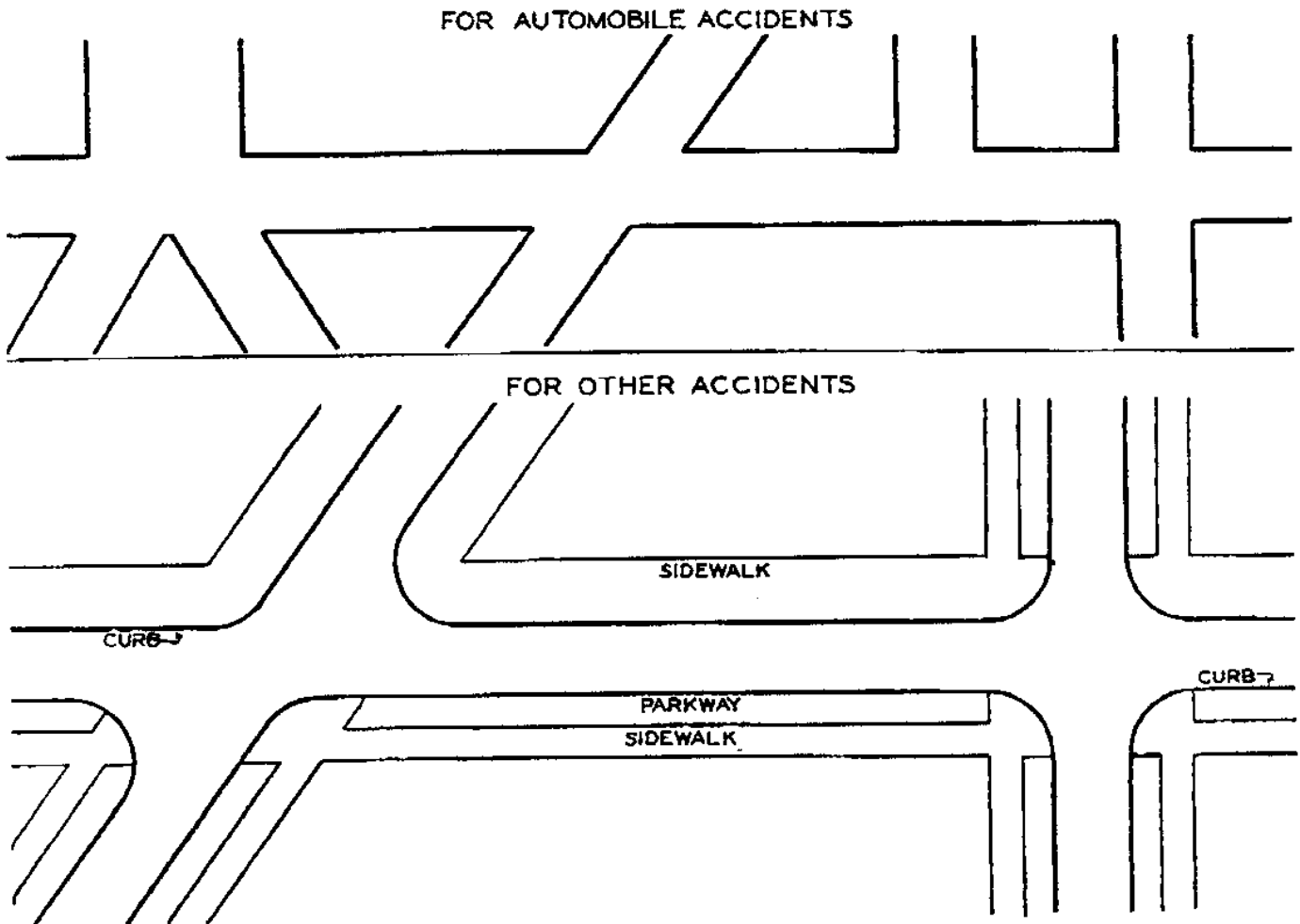
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**READ CAREFULLY**

For all accident claims, place on following diagram names 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 Vehicle was involved, designate by letter "A" location of City vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City vehicle; location of City vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of 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.



\_\_\_\_\_  
Signature of Claimant or person filing  
on his behalf, giving relationship to  
Claimant

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Date