



# City of Camarillo

601 Carmen Drive • P.O. Box 248 • Camarillo, CA 93011-0248

Department of Administrative Services • Risk Management (805) 383-5633 • fax (805) 388-5318

## **INSTRUCTIONS FOR FILING A CLAIM**

Your claim form is generally your only opportunity to present information you wish the City to consider. The City is prohibited from providing you with legal advice. Please type or print clearly with a ballpoint pen all of the information requested on the Claim Against the City of Camarillo form. If you need more space, please write on the back of the claim form or separate piece(s) of paper. The following provides specific instructions for completing each section of the claim form:

1. Name and Mailing Address of Claimant: State name and address of the person/persons claiming damage or injury.
2. Official Notices and Correspondence: Provide the name and mailing address of the person to whom all official notices and other correspondence should be sent, if other than claimant. This official contact person can be the Claimant or a representative of the Claimant.
3. Description of Occurrence or Event From Which the Claim Arises:
  - √ State the exact month, day, year and approximate time (if known) of the incident which caused the alleged damage/injury.

Under state law, claims relating to causes of action for personal injury, wrongful death, property damage and crop damage must be presented to the City Clerk's Office (Board) no later than six months after the incident date. Please note that evidence of "presentation" includes a clear postmark date on an envelope or a certification of personal services.

When filing a claim beyond the six-month period, you must explain the reason the claim was not filed within the six-month period. This explanation is called an "application for leave to present a late claim." In considering your claim, the Board will first decide whether the late claim application would be granted or denied. (See California Government Code Section 911.4 for the legal/acceptable reasons a claim may be filed late.) Only if it is granted will the Board then consider the merits of the claim.

Claims relating to any cause of action other than personal injury, wrongful death, property damage and crop damage must be presented no later than one year after the incident date. (See California Government Code Section 911.2.)

- √ Where Did the Damage/Injury Occur? Include the city, county and street address where the damage/injury allegedly occurred.

- √ How Did the Damage/Injury Occur? Provide in full detail the circumstances that led up to the incident. Identify ALL FACTS which support the claim. Include the actions by the City or its employees that caused the alleged damage/injury, as well as a specific identification as to any condition of public property that allegedly caused the damage/injury.
- √ What Damage/Injury Occurred? Provide in full detail a description of the damage/injury that allegedly resulted from the incident.
- 4. City Employee(s) Causing the Alleged Damage or Injury: Identify the City employee(s) involved with the incident.
- 5. Additional Injured Parties: Name and address of any other person injured in alleged incident.
- 6. Owner of Damaged Property: Name and address of the owner of any damaged property occurring as the result of the alleged incident.
- 7. Damages Claimed: State the total amount you are claiming as result of the alleged damage/injury. If damage/injury is continuing or is anticipated in the future, indicate with a "+" following the dollar figure. If the total amount is unspecified or exceeds \$10,000, designate the appropriate court jurisdiction for the claim. Provide a breakdown of how the total amount that you are claiming was computed. You may declare expenses incurred and/or anticipated future expenses. If available, please attach to your claim copies of all bills, payment receipts and cost estimates.
- 8. Insurance Company Name: If you received any payments from an insurance company related to this claim, list the name of the insurance company.
- 9. Witnesses, Treatment Facilities, Etc.: List the names and addresses of all witnesses, doctors, hospitals, etc.
- 10. Additional Information: List any additional information that might be helpful in considering the claim.
- 11. Signature: The claim must be signed by the Claimant or by the attorney/representative of the Claimant. The Board will not accept the claim without a proper signature. California Government Code Section 910.2 provides: "The claim shall be signed by the Claimant or by some person on his/her behalf."
- 12. Procedure: California Government Code Sections 900-935.9 governs Claims Against Public Entities. Once a claim is received by the City Clerk Department, it is referred to the City's administrator of Liability Claims – Carl Warren & Company for review and processing. The City must act within forty-five days after you submit your claim. If the City fails to act within forty-five days, the claim is deemed to have been denied as a matter of law.

**CLAIM AGAINST THE CITY OF CAMARILLO  
(For Damages to Persons or Personal Property)**

Received by: \_\_\_\_\_ via

U.S. Mail: \_\_\_\_\_

Inter-office Mail: \_\_\_\_\_

Over the Counter: \_\_\_\_\_

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A claim must be filed with the City Clerk of the City of Camarillo within six (6) months after which the incident or event occurred. Be sure your claim is against the City of Camarillo, not another public entity. Where space is insufficient, please use additional paper and identify information by paragraph number. **Completed claims must be mailed to the City Clerk, City of Camarillo, P.O. Box 248, Camarillo, California 93011-0248, or delivered to the City Clerk at City Hall, 601 Carmen Drive, Camarillo, California.**

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TO THE HONORABLE MAYOR AND CITY COUNCIL, THE CITY OF CAMARILLO, CALIFORNIA

The undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property:

1. Claimant Information:

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. City, State, Zip: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_

2. Name, telephone number 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:

a. Date: \_\_\_\_\_ b. Time: \_\_\_\_\_

c. Place (exact and specific location, e.g., street names, addresses, measurements from specific landmarks, etc.):

d. How and under what circumstances did damage or injury occur? Specify the particular occurrence, event, act or omission you claim caused the injury or damage (Please include as much detail as possible and use additional paper, if necessary):

e. What particular act or omission by the City or its employees caused the alleged damage or injury?

f. Give a description of the injury, property damage, or loss as far as it is known at the time of this claim. If there were no injuries, state "no injuries."

4. Give the name(s) of the city employee(s) causing the alleged damage or injury:

5. Name and address of any other person injured:

6. Name and address of the owner of any damaged property:

7. 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.):

8. Name of Insurance Company, if any insurance payments were received:

\_\_\_\_\_

9. Names and addresses of all witnesses, hospitals, doctors, etc.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

10. Any additional information that might be helpful in considering this claim:

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM!  
(Penal Code section 72)

I have read the matters and statements made in the above claim and I know the same to be true of my knowledge, except as to those matters stated upon information or believe 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 \_\_\_\_\_, California.

\_\_\_\_\_  
Signature of Claimant or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Claimant