

**FOR FURTHER INFORMATION  
CONTACT:**

**HUMAN RESOURCES/RISK MANAGEMENT  
(310) 318-0659**

**Sec. 910. GOVERNMENT CODE OF CALIFORNIA**

**Section 910: CONTENTS OF CLAIM**

A claim shall be presented by the claimant or by a person acting on his or her behalf and shall show all of the following:

- (a) The name and post office address of the claimant;
- (b) The post office address to which the person presenting the claim desires notices to be sent;
- (c) The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted;
- (d) A general description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of presentation of the claim;
- (e) The name or names of the public employee or employees causing the injury, damage or loss, if known;
- (f) The amount claimed if it totals less than ten thousand dollars (\$10,000) as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed. If the amount claimed exceeds ten thousand dollars no dollar amount shall be included in the claim. However, it shall indicate whether jurisdiction over the claim would rest in municipal or superior court.

(Amended by Stats.1987, c. 1201 S.17; Stats.1987, c. 1209 S.2)

**In addition:** The City of Redondo Beach requires proof of any expenses incurred in this matter, and, in case of damage to a vehicle, the city requires two written estimates of repair work.

## CITY CLAIM REPORTING FORM FOR ALL PERSONS OR PROPERTY

TO: CITY OF REDONDO BEACH  
 ATTN: Eleanor Manzano, City Clerk  
 415 Diamond Street  
 P.O. Box 270  
 Redondo Beach, California 90277-0270

1. Claims for death, injury to persons, or to personal property, must be filed not later than six (6) months after the occurrence (Gov. Code, Sec. 911.2).
2. Claims for damages to real property must be filed not later than one (1) year after the occurrence (Gov. Code, Sec. 911.2).
3. Read entire claim before filing.
4. Attach separate sheets, if necessary, to give full details

Name of Claimant (First, Middle, Last)	Age
Home Address of Claimant (Street, City, State, Zip)	Telephone No. ( )
Business Address of Claimant (Street, City, State, Zip)	Telephone No. ( )
Address to which you desire notices or communications to be sent regarding this claim:	

Date of Damage/Loss/Injury	Time A.M.                  P.M.
Place of Damage/Loss/Injury	
How Did the Damage/Loss/Injury occur? (Be Specific) _____ _____ _____	

Were Police at scene?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Were Paramedics at scene?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

What particular act or omission do you claim caused the Damage/Loss/Injury? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of City employee(s) causing the Damage/Loss/Injury: \_\_\_\_\_

Is the total amount of your claim, including the estimated amount of any prospective Damage/Loss/Injury

less than \$10,000.00 If so, state the amount \_\_\_\_\_  More than \$10,000.00 but less than \$25,000.00 (Municipal Court Jurisdiction)

more than \$25,000.00 (Superior Court Jurisdiction)

How was amount of claim computed? (Be specific. Please attach copies of any expenses including doctor bills, repair estimates, reports etc. Please attach two (2) estimates.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THIS CLAIM MUST BE SIGNED ON REVERSE SIDE**

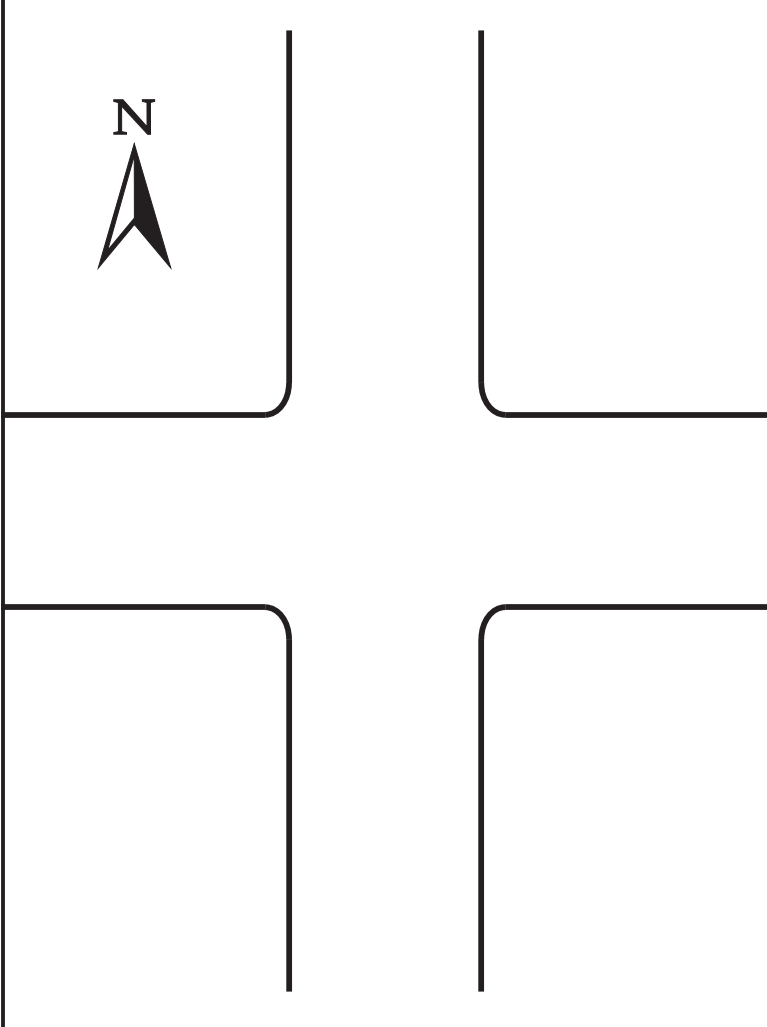
Name and address of witness(es), doctor(s), and hospital(s): \_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY.**

For all vehicle damage claims, draw a diagram with the names of streets, and indicate place of incident by 'X' and by showing house numbers or distances to corners

If City Vehicle was involved, designate by letter 'A' location of city vehicle and by 'B' location of yourself or you vehicle.

If personal or property damage claim please identify location as completely as possible.

<b>CLAIMS INVOLVING VEHICLES</b>	<b>CLAIMS - OTHER (Please draw diagram)</b>
 <p>The diagram area for vehicle claims contains a north arrow pointing upwards, labeled with the letter 'N'. Below the arrow is a four-way street intersection represented by four vertical lines meeting at a central point. The top and bottom lines are shorter than the left and right lines, suggesting a T-junction or a specific street layout. The entire diagram is enclosed in a rectangular border.</p>	

**I HAVE READ THE FOREGOING CLAIM AND KNOW THE CONTENTS THEREOF. I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.**

Dated \_\_\_\_\_ Signed \_\_\_\_\_

**NOTE: PRESENTATION OF A FALSE CLAIM IS PUNISHABLE AS A FELONY (CL. PEN. CODE 72).**