



Claim Against the City of Los Alamitos
For Damages to Persons or Personal Property

Reserved For Date Stamp

Personally Deliver or Mail to the:
City Manager's Office
City of Los Alamitos
3191 Katella Ave
Los Alamitos, CA 90720

City Claim No.: _____
Rec'd by City Employee Name: _____
Rec'd by: Mail ___ Over the Counter _____

Note: A claim relating to a cause of action for death or for injury to person or damage to personal property shall be presented not later than six months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented not later than one year after the accrual of the cause of action. See California Government Code §911.2.

If additional space is needed to provide your information, please attach separate sheets which identify the paragraph(s) being answered. Sign, date and number all attachments to the claim form.

1. Name and address of the claimant:

Name of Claimant: _____
Home Address: _____
Email Address: _____
Telephone Number: _____

2. Name and address at which claimant desires to receive notices or communications regarding this claim (if different from home address provided above):

Name of Representative _____
Address: _____
Email Address: _____
Telephone Number: _____

3. Claimant date of birth, social security number and gender:

Date of Birth: _____
Social Security Number: _____
Gender: _____

Regarding Question #3 - Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L. 110-173), adds mandatory reporting requirements for liability insurance (including self-insurance). See 42 U.S.C. 1395y(b)(8). The City/Agency is requesting this information in order to comply with the requirements of MMSEA and will not disseminate this information, except for reporting purposes as required by the Act referenced above. You understand that if you are a Medicare beneficiary and you do not provide the requested information, you may be violating obligations as a beneficiary to assist Medicare in coordinating benefits to pay your claims correctly and promptly.

4. The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted.

Date of Occurrence: _____ Time of Occurrence: _____
Location: _____

Circumstances giving rise to this claim: _____



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5. General description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of the presentation of the claim: _____

6. What particular act or omission do you claim caused the injury or damage? Give the name or names of the city employee causing the injury or damage, if known: _____

7. **If amount claimed totals less than \$10,000:** If the amount claimed 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.

Amount claimed and basis for computation: _____

8. **If amount claimed exceeds \$10,000:** If the amount claimed exceeds ten thousand dollars (\$10,000), no dollar amount shall be included in the claim. However, it shall indicate whether the claim 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 California Code of Civil Procedure §86.

Circle one option: Limited Civil Case or Unlimited Civil Case

9. Name, address and telephone number of any witness(es) to the occurrence or transaction which gave rise to the claim asserted: _____

10. If the claim involves medical treatment for a claimed injury, please provide the name, address and telephone number of any doctor(s) or hospital(s) providing treatment: _____

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



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11. If the claim relates to an automobile accident:

Claimant(s) Auto Ins. Co.: _____ Telephone: _____
Address: _____
_____ Insurance Policy No.: _____

Insurance Broker/Agent: _____ Telephone: _____
Address: _____

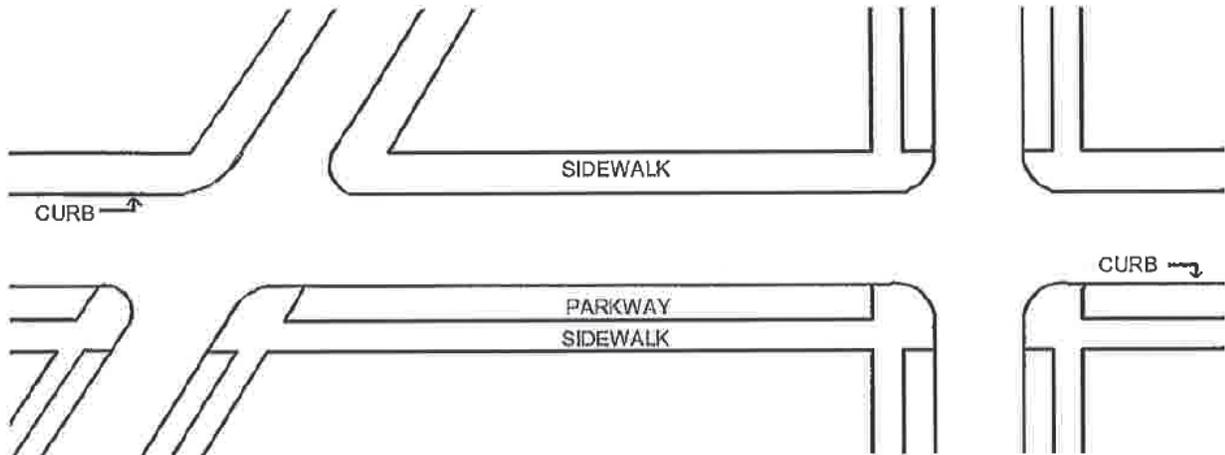
Claimant's Vehicle License No.: _____
Claimant's Driver's License No.: _____

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 the diagram does not fit the situation, attach hereto a proper diagram signed by claimant.



Warning: Presentation of a false claim is a felony. See California Penal Code §72. In the event a legal action is filed and it is determined that the action was not filed in good faith and with reasonable cause, the City/Agency may seek to recover all costs of defense. See California Code of Civil Procedures §1038.

Signature of the Claimant or Person acting on the Claimant's behalf

Date