



# CLAIM AGAINST THE CITY

Personally Deliver or Mail to the: City Clerk for the  
City of Westminster  
8200 Westminster Blvd Westminster, CA 92683

RESERVE FOR FILING STAMP

**Note:** Claims for death, injury to a person, or personal property must be filed no later than six months after the occurrence (gov. Code, Sec. 911.2). Claims for damages to real property must be filed no later than one year after occurrence (Gov. Code, Sec. 911.2).

1. Name and Post Office address of the Claimant:

Name of Claimant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Name of Addressee: \_\_\_\_\_

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

Post Office Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

3. Claimant date of birth, Social Security Number and gender:

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

Social Security Number: \_\_\_\_\_

Gender: \_\_\_\_\_

Medicare/Medi-Cal Recipient

YES

NO

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) and public entities. See 42 U.S.C. 1395y(b)(8). The City of Westminster is requesting this information 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 the Centers for Medicare & Medicaid Services 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 .      Non Vehicular      Vehicular

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

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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:

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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.

Limited Civil Case

Unlimited Civil Case

9.

Name, address and telephone number of any witness(es):

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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:

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

11. If the claim relates to an automobile accident:

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

Address: \_\_\_\_\_

Insurance Policy No.: \_\_\_\_\_

Police Report Filed? \_\_\_\_\_ Police Report #: \_\_\_\_\_

Address: \_\_\_\_\_

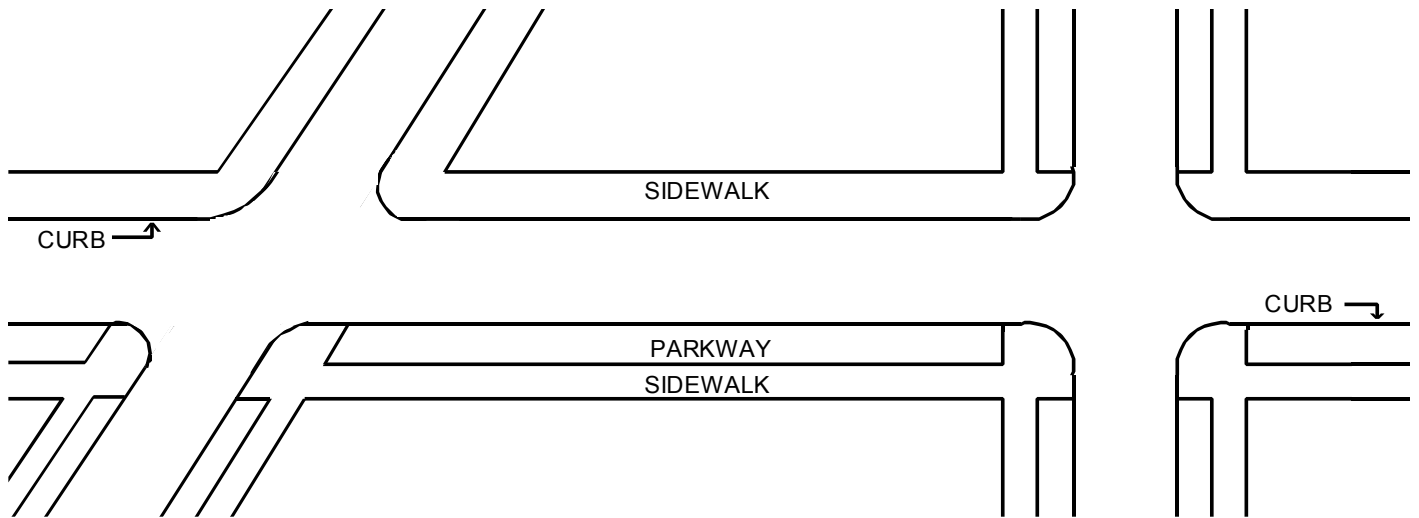
Claimant's Veh. Lic. No.: \_\_\_\_\_ Vehicle Make/Year: \_\_\_\_\_

Claimant's Drivers Lic. No.: \_\_\_\_\_ Expiration: \_\_\_\_\_

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

**READ CAREFULLY**

For all accident claims, place on the 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 a City of Westminster Vehicle was involved, designate by letter "A" location of City's Vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City's Vehicle; location of City's 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 and 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 the action was not filed in good faith and with reasonable cause, the City of Westminster may seek to recover all costs of defense. See California Code of Civil Procedure §1038.

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

\_\_\_\_\_  
Date