PASADENA
CALIFORNIA • WWW.CITYOFPASADENA.NET

CLAIMS INFORMATION SHEET

Our goal is to respond to claims promptly. For your convenience, you may file your claim entirely online using the claims submission portal at www.CityOfPasadena.net/City-Attorney/Liability-And-Claims/. The system will prompt you through your submission and allow you to upload images and files to support or document your claim. Please have all documentation ready before you begin.

INSTRUCTIONS

1) Complete the attached claim form in black or blue ink.
2) Answer each inquiry on the claim form, providing full details for each.
3) Sign and date the claim where indicated.
4) Present a claim for death, personal injury or personal property damage within six months of the incident to the City Clerk's Office, 100 N. Garfield Ave., Room S228, Pasadena, CA 91101. See Government Code Section 911.2 for other time limitations.

INFORMATION

1) The claim will be received by the City Council and forwarded to the City's Liability, Claims and Insurance Division for investigation, processing and possible resolution.

2) If your claim was filed within the time permitted by law, State law requires that your claim is automatically deemed rejected by operation of law 45 days after the filing date. See **California Government Code Section 912.4**. Our goal is to reach a decision on most claims within 45 days of receipt. The process may take longer when complex issues are involved, when further information is needed, or when extenuating circumstances are present. Once our investigation is complete, we will contact you with our conclusion. If the claim is rejected, the rejection notice will advise you that you have only six months thereafter to file a lawsuit. See **California Government Code Sections 913 and 945.6**.

3) The City of Pasadena will seek to recover all costs of defense, including attorney's fees and City resources used in defending the case, in the event a lawsuit is filed against the City and it is determined that the lawsuit was not brought in good faith and based on reasonable cause. See California Code of Civil, Procedure Sections 128.5, 1021.7 and 1038.

4) The submission of a false claim is a crime. See Section 72 of the California Penal Code.

5) The City's receipt of a claim form, or assignment of a "claim" number, does not waive any right the City may have to object to the sufficiency or timeliness of the claim, or any portion thereof.

6) If you have any questions, please call the City's Liability, Claims and Insurance Division at (626) 744-6773.

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CLAIM AGAINST THE CITY OF PASADENA
(FOR DAMAGES TO PERSONS OR PERSONAL PROPERTY)

A claim must be filed with the City Clerk's Office of the City of Pasadena no later than six (6) months after the incident or occurrence for death, injury to person or damage to personal property. Be sure your cause of action is against the City of Pasadena, not another public entity. Where space is insufficient, please use additional paper and identify information by paragraph number. All blanks must be completed. Completed claims must be mailed or delivered to: City Clerk, 100 N. Garfield Ave., Room S228, Pasadena, California 91101. See Government Code § 911.2 and Pasadena City Charter § 1011 for filing information on other types of claims.

FOR CITY USE ONLY
(DO NOT WRITE IN THIS AREA)

DATE: _____ TIME: _____
☐ Received via U.S. Mail:
☐ Inter-Office Mail:
☐ Over the Counter

_____
SIGNATURE OF EMPLOYEE ACCEPTING CLAIM

CLAIM # _____

TO: The Council Members of the City of Pasadena, California; the undersigned respectfully submits the following claim:

CLAIMANT INFORMATION

1. Are you submitting on behalf of a company? ☐ YES ☐ NO

   If YES: COMPANY NAME: _____

2. CLAIMANT NAME: _____

   CLAIMANT ADDRESS: _____ APT/RM/SUITE: _____

   CITY: _____ STATE: _____ ZIP: _____

   PHONE NO.: _____ ☐ CELL ☐ HOME ☐ BUSINESS *(Choose an item)*

   Notices and communications will be sent electronically to the email address provided:

   CLAIMANT EMAIL: _____

3. Contact information to which claimant requests notices to be sent if other than above:

   NAME: _____

   ADDRESS/PO BOX: _____ APT/RM/SUITE: _____

   CITY: _____ STATE: _____ ZIP: _____

   PHONE NO.: _____ ☐ CELL ☐ HOME ☐ BUSINESS *(Choose an item)*

4. Do you have legal representation? ☐ YES ☐ NO *(If NO, continue to #5)*

   If YES, complete the following:

   LAW FIRM: _____ ATTORNEY NAME: _____

   ATTORNEY ADDRESS: _____

   ATTORNEY CITY: _____ STATE: _____ ZIP: _____

   ATTORNEY EMAIL: _____ ATTORNEY PHONE NO: _____

5. Police Report Filed? ☐ YES ☐ NO *(If YES, complete the following)*

   Police Report Number: _____ Law Enforcement Agency: _____

CLAIM AGAINST THE CITY OF PASADENA
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LOSS DETAILS

6. Loss Date _____ Loss Time: _____

7. Are you alleging personal injuries? ☐ YES ☐ NO *(If NO, continue to #9)*

8. If YES, complete the following for mandatory Medicare reporting purposes:

   Are you a Medicare recipient? ☐ YES ☐ NO DATE OF BIRTH: _____

   SOCIAL SECURITY NO.: _____ and/or

   MEDICARE NO. *(If applicable)* _____

   GENDER: ☐ FEMALE ☐ MALE *(Choose an item)*

9. Were you involved in an auto accident? ☐ YES ☐ NO *(If NO, continue to #11)*

10. If YES, complete the following

    Weather Condition: ☐ CLEAR ☐ CLOUDY ☐ RAIN ☐ FOG
    ☐ HAIL ☐ ICE ☐ SLEET ☐ SNOW

    Road Condition: ☐ DRY ☐ WET ☐ ICE ☐ SNOW

11. Enter exact address where loss occurred, if known.

    ADDRESS: _____

    CITY: _____ STATE: _____ ZIP: _____

12. Where did damage, loss or injury occur? *(State exact and specific location, including distances from known objects. If necessary, please attach any picture or diagram that depicts the exact location.)*

13. Describe in detail how the damage, loss or injury occurred. *(State the circumstance, transaction, act or defect you claim caused the injury or damage. Include measurement, including height, width and depth of any property defect.)*

14. Describe in detail each damage, injury or loss.

15. Why do you claim the City is responsible? *(Please give names of the City employees causing the damage, injury, or loss and identify any vehicles involved by license plate number, if known. State details describing any hazardous condition or wrongful action of any City employee.)*

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CLAIM AMOUNTS (See Government Code §910f)

16. Damages claimed under $10,000, complete the following:

    Amount claimed as of this date: _____

    Estimated amount of future costs: _____

    Total amount claimed: _____

    Basis of computation of amounts:

17. If over $10,000, please check one of the following:

    ☐ Over $35,000 *(Unlimited Jurisdiction)* ☐ Under $35,000 *(Limited Jurisdiction)* ☐ $10,000 - $12,500

INSURANCE INFORMATION

18. Name of insurer: _____

19. Insurer policy number: _____

20. Claim submitted to insurer? ☐ YES ☐ NO

    If YES, amount paid by insurer: _____

WITNESS NAME & CONTACT INFORMATION

21. Witness #1: _____

22. Witness #2: _____

23. Witness #3: _____

VEHICLE INFORMATION (ONLY FOR AUTO-RELATED INCIDENT)

Vehicle Driver

24. Driver's Name: _____

25. Driver's License Number: _____

26. Driver's License State: _____

Claimant Vehicle Information

27. Vehicle Year: _____ Vehicle Make: _____ Vehicle Model: _____

    License Plate Number: _____

    VIN: _____

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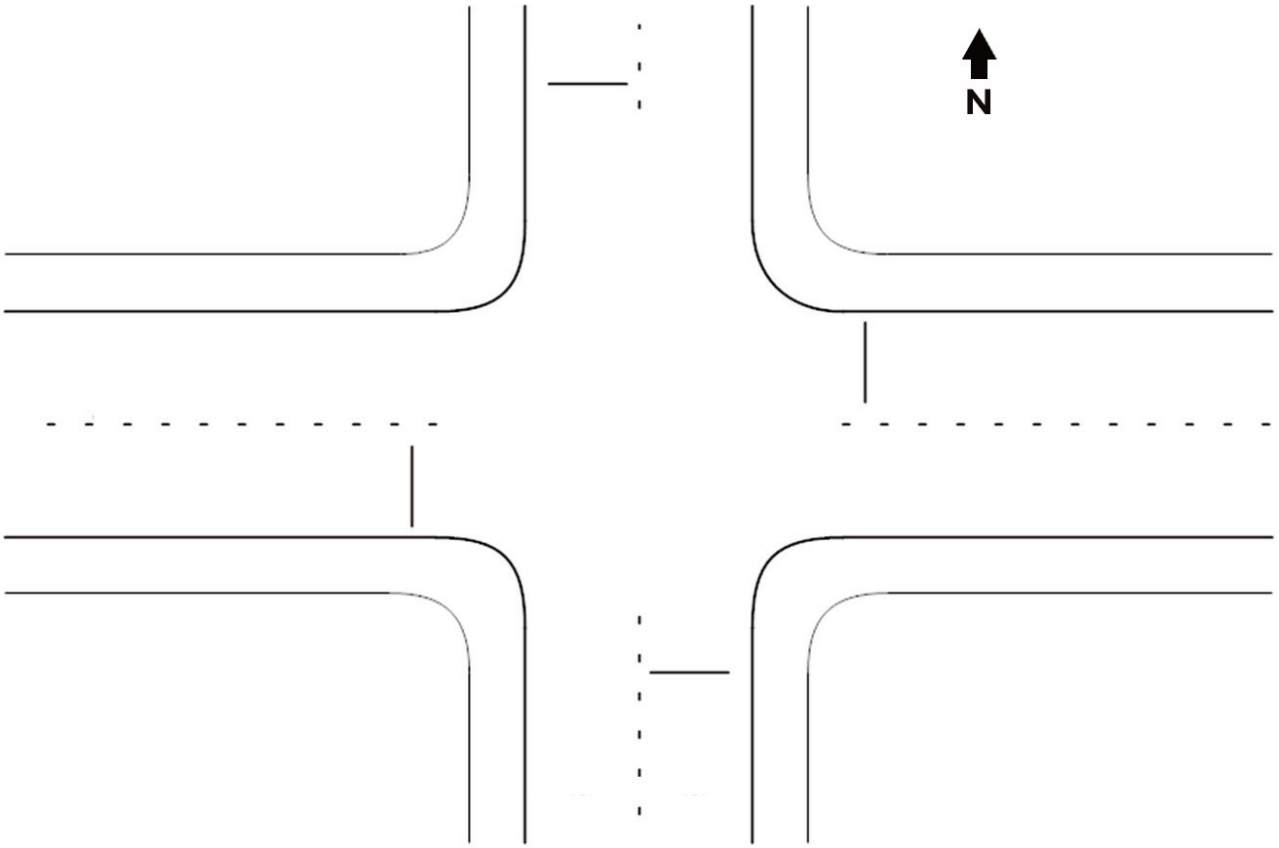
READ CAREFULLY

For all non-vehicle accident claims, place names of streets (including North, East, South, and West) on the following diagram, and indicate place of accident by "X" and by showing house numbers or distances to street corners or known objects.

If a vehicle was involved, identify location on the diagram of City or other vehicle when you first saw it by letter "A"; location of yourself or your vehicle when you first saw City or other vehicle by letter "B"; and the point of impact by "X". Please use a box such as [A] or [B] to represent a vehicle.

NOTE: If diagrams below do not fit the situation, attach a proper diagram signed by claimant.



CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS.
Every person who, with intent to defraud, presents any false claim or writing to the City for payment may be subject to imprisonment in a state prison and a fine of $10,000 (Penal Code § 72).

I have read the matters and statements made in the above claim and I 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 the 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: _____

PRINTED NAME: _____