Personally Deliver or Mail to:
City of Norco
Attn: Human Resources
2870 Clark Avenue
Norco, CA 92860

CLAIM FOR MONEY OR DAMAGES AGAINST THE CITY OF NORCO

RESERVE FOR FILING STAMP

Received via:
- ○ Hand Delivery/Counter _____ (initials)
- ○ US Mail (attach envelope)
- ○ Other _____

Note: A claim relating to a cause of action for death or for injury to person or to personal property or growing crops 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 Post Office address of the Claimant:

Name of Claimant:

Post Office Address:

Telephone:

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:

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

Date of Birth:

Social Security Number:

Gender:

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:

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

☐ Limited Civil Case ☐ 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.

11. If the claim relates to an automobile accident:

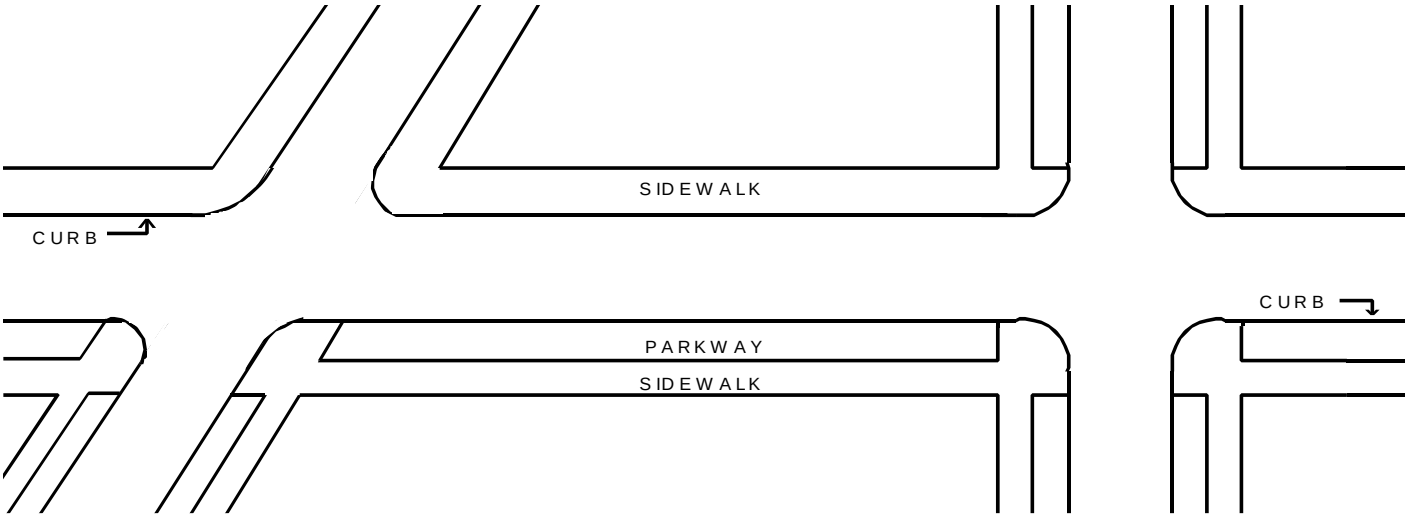
Claimant(s) Auto Ins. Co.:	Telephone:
Address:	
	Insurance Policy No.:
Insurance Broker/Agent:	Telephone:
Address:	
Claimant's Veh. Lic. No.:	Vehicle Make/Year:
Claimant's Drivers Lic. No.:	Expiration:

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 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/Agency 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