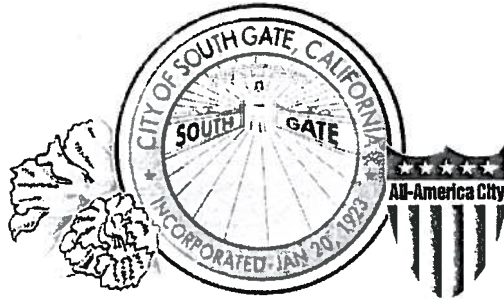


Beginning July 01, 2014, Resolution #7602 a **\$29** filing fee is required for the filing of all liability claims submitted to the City of South Gate. Claimants must submit the filing fee with the Claim Form. Checks and/or money orders for the \$29 filing fee should be made payable to the City of South Gate.

If and when a claim is accepted, the City of South Gate will refund the **\$29** filing fee to the claimant.

#### **Procedures for filing a Claim**

1. Obtain Claim form. Read thoroughly the attached instructions and enclose any related supporting documents (i.e. Police reports, medical documentation, estimates for repair, original and/or color copies of photographs, etc.)
2. Complete the relevant sections of the form describing in full detail the circumstances that led to the alleged damage or injury. State why you believe the City of South Gate is responsible.
3. Make a photocopy of your Claim form for your records.
4. Mail or return the original Claim form to the City of South Gate City Clerks Office with your **\$29** filing fee payment payable to the City of South Gate.
5. If you have questions regarding your claim, contact the City Clerk or Risk Manager at (323) 357-5835 for assistance.



A partir del 01 de Julio 2014, la Resolución #7602 una cuota de **\$29** es requerido para la presentación de toda responsabilidad en las reclamaciones presentadas a la Ciudad de South Gate. Los reclamantes deben someter el honorario de limadura con la forma de demanda. Los cheques y / o la cuota de **\$29** debe hacerse a nombre de la ciudad de South Gate.

Si y cuando la reclamación es aceptada, la ciudad de South Gate reembolsará la cuota de \$29 a la demandante.

### **Procedimientos para presentar una reclamación**

1. Obtenga la forma de demanda. Lea a fondo las instrucciones adjuntas e incluya cualquier documento de apoyo relacionado (es decir la policía divulga, documentación médica, las estimaciones para la reparación, originales y/o copias en color de las fotografías, etc.)
2. Termine las secciones relevantes de la forma que describe en detalle las circunstancias que eso llevó al daño o a lesión alegado. El estado porqué usted cree la ciudad de South Gate es responsable
3. Haga una fotocopia de su formulario de reclamación para sus archivos.
4. Envíe o devuelva el impreso de demanda original a la ciudad de la oficina de South Gate de la Secretaria Municipal con su pago de **\$29** pagadero a la ciudad de South Gate.
5. Si usted tiene preguntas acerca de su reclamo, en contacto con la Secretaria Municipal o el Administrador de Riesgos (323) 357-5835 para obtener ayuda.



# City of South Gate LIABILITY CLAIM FORM

Received by – via

U.S. Mail   
Inter-Office Mail   
Over the Counter

## LIABILITY CLAIM FORM FOR ALL PERSONS AND PROPERTY

TO: CITY OF SOUTH GATE  
CITY CLERK'S OFFICE  
8650 CALIFORNIA AVENUE  
SOUTH GATE, CA 90280

CLAIM NUMBER: \_\_\_\_\_  
"CITY USE ONLY"

FILING FEE: \$ 29.00

### INSTRUCTIONS:

1. Read entire claim form before filing. Please print or type.
2. Attach separate sheets if necessary to give full detail, along with copies of all documentation including receipts, repair estimates, photos and medical bills.
3. This claim must be signed and fully completed to avoid filing delays. Claims for personal injury or property damage must be filed no later than 6 months after the occurrence (Government Code Section 911.2).

### CLAIMANT INFORMATION

NAME OF CLAIMANT: \_\_\_\_\_ DOB: \_\_\_\_\_  
(First) (Middle) (Last) Month/Day/Year

DRIVERS LICENSE #: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

BUSINESS (WORK) ADDRESS: \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ BUSINESS \_\_\_\_\_ CELL \_\_\_\_\_

MAILING ADDRESS FOR NOTICES REGARDING THIS CLAIM, IF DIFFERENT FROM ABOVE:

\_\_\_\_\_

NAME OF PERSON WHO PREPARED FORM (if different than claimant): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ PRIMARY PHONE \_\_\_\_\_

HAVE YOU EVER FILED A LIABILITY CLAIM FORM WITH THE CITY BEFORE?

NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES \_\_\_\_\_  
(Date) (Claim #)

### ACCIDENT/INCIDENT INFORMATION

(PLEASE BE THOROUGH AND SPECIFIC. ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

PLACE OF INCIDENT: \_\_\_\_\_  
(Location and Street Address)

DESCRIBE EACH AND EVERY ACT OR OMISSION WHICH CAUSED YOUR INJURY OR DAMAGE AND DESCRIBE HOW IT OCCURRED: (Attach supplemental sheets if needed) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IDENTIFY NAME(S) OF THE CITY EMPLOYEE(S) CAUSING THE INJURY OR DAMAGE, IF KNOWN:

\_\_\_\_\_

SPECIFICALLY DESCRIBE THE INJURY OR DAMAGE YOU HAVE SUFFERED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF CLAIMING BODILY INJURY, IDENTIFY EACH HEALTH CARE PROVIDER WHO RENDERED SERVICES, AND AMOUNT CHARGED:

PROVIDER NAME/ADDRESS: \_\_\_\_\_

DATE(S) OF SERVICE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

PROVIDER NAME/ADDRESS: \_\_\_\_\_

DATE(S) OF SERVICE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

**TOTAL SUM CLAIMANT IS SEEKING, INCLUDING KNOWN AND PROJECTED DAMAGES:** \_\_\_\_\_  
(INCLUDE THE ESTIMATED AMOUNT OF ANY FUTURE INJURY OR DAMAGE)

FOR CLAIMS UNDER \$10,000, INDICATE EXACT AMOUNT AND HOW CALCULATED. INCLUDE THE DATE AND TYPE OF EACH EXPENDITURE MADE AS A RESULT OF THE ACCIDENT OR INCIDENT. LIST EACH AND EVERY SPECIFIC EXPENDITURE OR ITEM USED IN COMPUTING THE AMOUNT OF THIS CLAIM. ATTACH ALL DOCTOR'S INVOICES, REPAIR ESTIMATES, RECEIPTS, PICTURES OF ACCIDENT/INCIDENT, ETC. **FOR PROPERTY DAMAGE CLAIMS, PLEASE ATTACH AT LEAST TWO (2) ESTIMATES FOR REPAIRS OF REPLACEMENT.**

_____ (Type of expenditure)	_____ (Date)	_____ (Amount)
_____ (Type of expenditure)	_____ (Date)	_____ (Amount)
_____ (Type of expenditure)	_____ (Date)	_____ (Amount)
_____ (Type of expenditure)	_____ (Date)	_____ (Amount)
_____ (Type of expenditure)	_____ (Date)	_____ (Amount)
_____ (Type of expenditure)	_____ (Date)	_____ (Amount)
_____ (Type of expenditure)	_____ (Date)	_____ (Amount)
_____ (Type of expenditure)	_____ (Date)	_____ (Amount)

WERE POLICE AT THE SCENE? YES \_\_\_\_\_ NO \_\_\_\_\_

WAS A POLICE REPORT MADE? YES \_\_\_\_\_ (Report # \_\_\_\_\_) NO \_\_\_\_\_  
(PLEASE ATTACH A COPY IF AVAILABLE)

IDENTIFY NAME(S) OF WITNESS (ES): \_\_\_\_\_

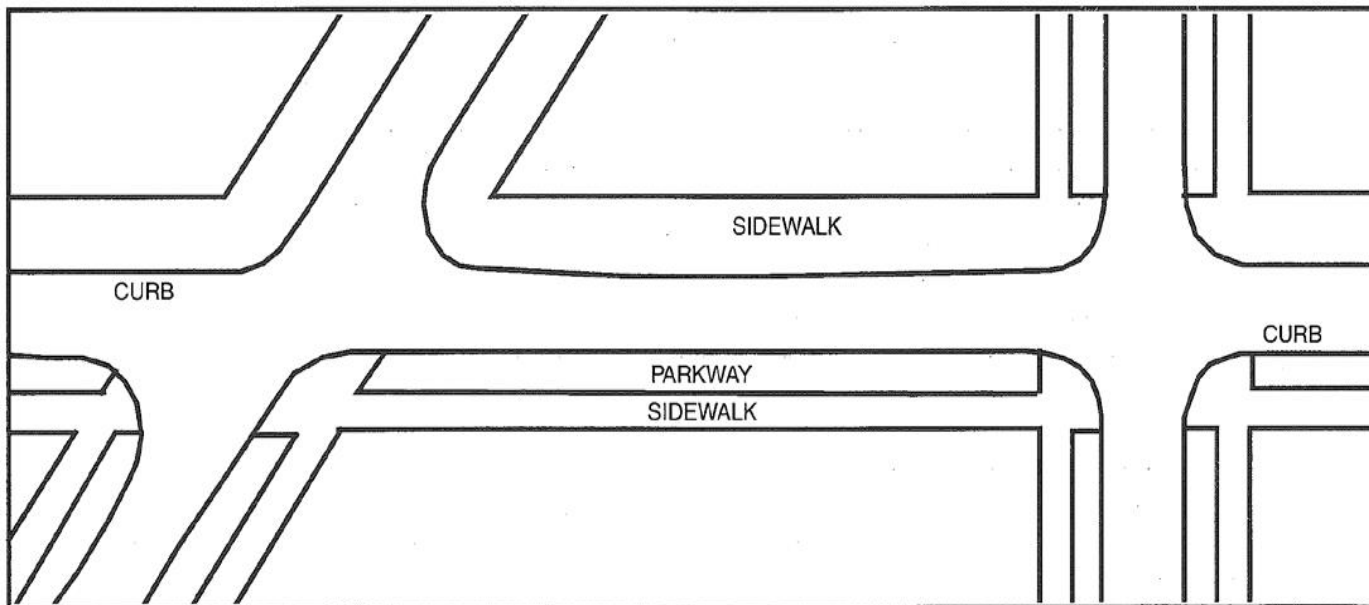
\_\_\_\_\_  
\_\_\_\_\_

PLEASE READ THE FOLLOWING CAREFULLY:

FOR ALL ACCIDENT CLAIMS, PLACE ON THE FOLLOWING DIAGRAM, NAMES OF STREETS, INCLUDING NORTH, SOUTH, EAST, AND WEST: INDICATE THE PLACE OF ACCIDENT (POINT OF IMPACT) BY "X" AND BY SHOWING HOUSE NUMBERS OR DISTANCES TO CORNER STREETS.

IF A CITY VEHICLE WAS INVOLVED, DESIGNATE BY LETTER "A" THE LOCATION OF CITY VEHICLE WHEN YOU FIRST SAW IT, AND BY "B" THE LOCATION OF YOURSELF OR YOUR VEHICLE WHEN YOU FIRST SAW THE CITY VEHICLE. DESIGNATE THE LOCATION OF THE CITY VEHICLE AT THE TIME OF THE ACCIDENT BY "A-1"; THE LOCATION OF YOURSELF OR YOUR VEHICLE AT THE TIME OF THE ACCIDENT BY "B-1" AND THE POINT OF IMPACT BY "X".

NOTE: IF DIAGRAM BELOW DOES NOT FIT THE SITUATION, ATTACH HERETO A PROPER DIAGRAM SIGNED BY CLAIMANT.



(Identify relevant street numbers)

**WARNING**

I UNDERSTAND PURSUANT TO CALIFORNIA PENAL CODE SECTION 72, THAT IT IS A CRIME TO PRESENT A FRAUDULENT CLAIM TO A PUBLIC ENTITY WITH THE INTENT TO DEFRAUD SAID PUBLIC ENTITY.

DATED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_