



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

Received by _____ via
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CLERK'S TIME STAMP

Claims for death, injury to person or to personal property must be filed within **six months** after the occurrence. Claims for damages to real property must be filed within **one year** after the occurrence (Government Code Section 911.2). **Be sure your claim is against The City of Santa Monica** and not another public or private entity. Where space is insufficient, please use additional paper and identify your response for the specific numbered question. **Completed claims must be mailed or delivered to: The City Clerk, City of Santa Monica, 1685 Main Street, Santa Monica, CA 90401. (NO FAX)** Disability related assistance and alternative formats are available upon request. Call (310) 458-8374.

To: The City of Santa Monica, California

1. **NAME OF CLAIMANT:** **OCCUPATION:**
 - a. **ADDRESS OF CLAIMANT:**
 - b. **CITY/STATE/ZIP CODE:**
 - c. **PHONE NO.:(____)** d. **DATE OF BIRTH:**
 - e. **DRIVER'S LIC. NO.:** f. **DRIVER'S STATE:**
2. Name, address and telephone number to which claimant desires correspondence to be sent if **OTHER** than above:
3. **Occurrence or event from which the claim arises:** a. **DATE:** b. **TIME:**
 - c. **PLACE (exact and specific location):**
4. For claims against Santa Monica's Big Blue Bus lines **ONLY:**
 - a. Where boarded the bus?
 - b. Where did the damage or injury occur? Give location of streets and city:
 - c. Bus No.: Line No.: Bus Operator's Badge #:
 - d. Were you a passenger on Big Blue Bus? Other vehicle? Driver of other vehicle? Pedestrian?
Owner of other vehicle or property?
5. How and under what circumstances did the damage or injury occur? Specify the particular occurrence, event, act or omission by the City of Santa Monica and/or its employee(s) you claim caused the injury or damage. (use additional paper if necessary):

6. Give a description of the injury, property damage or loss, so far as is known at the time of this claim. If there were no injuries, state "NO INJURIES":

7. Give the name(s) of the City of Santa Monica employee(s) causing the damage or injury:

8. Witnesses to the Damages or Injuries you are claiming - Name, address and telephone number:

9. If claiming damages to a motor vehicle, please provide the following information:

10. Damages claimed:

- a. Amount claimed as of this date: \$
- b. Estimated amount of future costs: \$
- c. Total amount claimed: \$
- d. Basis for computation of amounts claimed (attach copies of all bills, invoices, estimates, photos, etc.):

e. The monetary amount of the claim determines the courts jurisdiction: PLEASE SELECT:

Small Claims: \$7500 or less - Limited Jurisdiction: \$7500 - \$25,000 - Unlimited Jurisdiction: \$25,000 +

11. Names, telephone numbers and addresses of all Doctors and Hospitals treating your claimed injuries:

- a.
- b.
- c.

12. Police Responded : Yes No Report #: Police Agency:

13. Any additional information that might be helpful in considering this claim:

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (Penal Code §72; Insurance Code §556.1)

I have read this claim and know that the matters and statements contained therein are true of my own personal knowledge, except as to those matters stated upon information and belief, and as to those matters, I believe them to be true.

Signed this _____ day of _____, 20____ at _____

Office of the City Clerk
Santa Monica, California

CLAIMANT SIGNATURE