CLAIM AGAINST THE CITY OF SAN BERNARDINO

Print Form

(For damages to persons or personal property)
(Complete Both Pages)

A claim against the City of San Bernardino must be filed with the City Clerk within 6 months after the incident or event occurred. Be sure your claim is against the City of San Bernardino and not another public entity. Completed claims must be mailed or delivered to: City Clerk, City of San Bernardino, 300 North D Street, San Bernardino, California 92418. If additional space is needed to answer one of the questions, please attach an additional sheet.

Warning: **A) It is a Criminal Offense to File a False Claim!**
(Penal Code Sec. 72; Insurance Code Sec. 556.1)
B) It is a Criminal Offense to File a False Claim against a Peace Officer!
(Penal Code 148.6)

Date Stamp

Claimant Information

Name _____

Address _____

_____ Zip Code _____

Phones _____ Resident _____ Work

Address to which claimant desires notices to be sent:

Name _____

Address _____

_____ Zip Code

Driver's License No. _____ Birth Date _____ Social Security No. _____

Claim Information

Date of claim incident _____ Time _____ A.M. ☐ P.M. ☐

Exact and specific location of event from which the claim arises _____

Describe the injury, property damage or loss, so far as it is known at the time of this claim.

Describe the occurrence, event, act, object or omission you claim caused the injury or damage. _____

List persons involved or injured.

	Name	Address	Injured
1.			☐ Yes ☐ No
2.			☐ Yes ☐ No
3.			☐ Yes ☐ No

Describe injuries for each person, matching injuries with numbers above.

1. _____
2. _____
3. _____

State how the City of San Bernardino or its employees were at fault. _____

Damages Claimed — Less Than $10,000

	Property Damage	Bodily Injury
Amount claimed as of this date.	_____	_____
Estimated amount of future costs.	_____	_____
Subtotal	_____	_____
Total Costs of Claim	_____	

Basis for computation of amounts claimed or attach copies of all bills, invoices, and estimates: _____

_____

_____

_____

Damages Claimed — More Than $10,000

You must indicate court jurisdiction: Municipal ☐ Superior ☐

Claim Investigation

Give the names of any employee(s) who have been involved. _____

_____

_____

Was this incident reported to a law enforcement agency? Yes ☐ No ☐ If yes, which agency? _____

Who reported it? _____ When was it reported? _____

List the following:

Witnesses:

_____
Name Address

_____
Name Address

_____
Name Address

Hospitals or Doctors:

_____
Name Address

_____
Name Address

_____
Name Address

Indicate additional information which you believe might be helpful in considering this claim.

_____

_____

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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