

COMPLETED CLAIMS AND RELATED DOCUMENTATION MUST BE FILED WITH THE:
CONTROLLER'S OFFICE, City Hall, 1 Dr. Carlton B. Goodlett Place, Room 396 San Francisco, CA 94102-4694

INSTRUCTIONS FOR FILING A CLAIM

Failure to complete all sections of the Claim form could delay the processing of your claim and could result in the return or denial of your claim.

- 1. Claimant's Name, Address and Telephone**-State the full name, mailing address, and telephone numbers of the person claiming personal injury, property damage or loss.
- 2. Official Notices and Correspondence**-Provide the name, mailing address, and telephone numbers of the person to whom all official notices and other correspondence should be sent, if other than claimant. This official contact person can be the claimant or a representative of the claimant. If this section is completed, all official notices and correspondence will be sent to the person listed.
- 3. Date of Birth**-State claimant's date of birth including month, day, and year.
- 4. Social Security Number**-State the claimant's social security number.
- 5. Date of Incident**-State the exact month, day, and year of the incident giving rise to the claim.
- 6. Time of Incident**-State the exact time, including A.M. or P.M., of the incident giving rise to the claim.
- 7. Location of Incident or Accident**-Include the city, and exact street address or intersection streets where the incident occurred.
- 8. Claimant Vehicle License Plate Number**-Please provide license plate number of vehicle driven by claimant or in which claimant was a passenger.
- 9. Basis of Claim**-State in detail all facts supporting your claim, including all facts and circumstances of the incident, all alleged injuries, property damage and loss, all persons, entities, property and City departments involved, and why you believe the City is responsible for the alleged injury, property damage or loss. In the appropriate boxes, provide the name, I.D. number and City department of the City employee or employees who allegedly caused the injury or property damage, the type of City vehicle involved (if any), and the license and number of the City vehicle involved (if any). For accidents involving a bus or light rail vehicle, please provide the line and vehicle number.
- 10. Description of Injury, Property Damage or Loss**-Provide in full detail a description of the injury, property damage or loss that allegedly resulted from the incident. If claimant's vehicle was involved, provide make, model, and year.
- 11. Amount of Loss and Method of Computation**-State the total amount of money you are claiming in damages. Provide a breakdown of each item of damages and how that amount was computed. You may include future, anticipated expenses or losses. Whenever possible, please attach copies of all bills, receipts and repair estimates. If the claim involves property damage, please provide two repair estimates. The Government Code provides that if the claim is for less than \$10,000.00, the claimant must state the total amount claimed, together with the basis of his or her computation of the amount claimed. If the claim exceeds \$10,000.00, no dollar amount need be provided, but the claimant must indicate the applicable court jurisdiction. Limited civil jurisdiction cases are those involving damages under \$25,000.00; unlimited civil jurisdiction cases are those involving damages of \$25,000.00 or more.
- 12. Witnesses**-State the names, addresses, and telephone numbers of any persons who witnessed the incident. Attach list of additional names if necessary.
- 13. Signature of Claimant or Representative**-Please sign and date. Print name of signatory and relationship to claimant. The claim must be signed by the claimant or by the official representative of the claimant. The Controller will not accept the claim without the original signature. (A photostatic copy will not be accepted.)

Claims for death or injury to persons or damage to personal property must be filed within **six months** after the incident giving rise to the claim. All other claims must be filed within one year.

- ** Personal service of claims can be accomplished during regular business hours, Monday through Friday (excluding County holidays). If you want a time stamped copy of your claim returned to you, please present an original and copy of the claim, and include a self-addressed stamped envelope.

For information on the status of your claim, please call the applicable number listed below.

WATER DEPARTMENT	554-3900	PORT OF SAN FRANCISCO	274-0486	PUC SEWER	554-5845
MUNICIPAL RAILWAY	554-3900	S.F. INTERNATIONAL AIRPORT	(650) 821-5073	DEPT. OF PUBLIC WORKS	554-5845
OTHER DEPARTMENTS	554-3900	CONTROLLER'S CLAIM DIVISION	554-7505	DEPT. OF BLDG. INSPECTION	554-5845

We Do Not Accept claims for the following agencies:

1. HOUSING AUTHORITY 440 TURK STREET, S.F., CA 94102 (415) 554-1200
2. REDEVELOPMENT AGENCY 770 GOLDEN GATE AVE., S.F., CA 94102 (415) 749-2400
3. SAN FRANCISCO UNIFIED SCHOOL DISTRICT 555 FRANKLIN ST., 3RD FLOOR S.F., CA 94102 (415) 241-6000

Please be advised that the City and County of San Francisco may offset against a claim any amounts owed by the claimant, including unpaid hospital bills, unpaid parking and traffic tickets and welfare reimbursements or overpayments.

CLAIM AGAINST THE CITY AND COUNTY OF SAN FRANCISCO

Before completing this form, please read the instructions on the back. You have only **6 months** from the date of incident to submit this form and supporting documentation to the Controller or the Clerk of the Board of Supervisors.

1. Claimant's Name and Home Address (Please Print Clearly)

City _____ **Zip** _____

Telephone Daytime _____ Evening _____

2. Send Official Notices and Correspondence to:

City _____ **Zip** _____

Telephone Daytime _____ Evening _____

3. Date of Birth

4. Social Security Number

5. Date of Incident

6. Time of Incident (AM or PM)

7. Location of Incident or Accident

8. Claimant Vehicle License Plate #, Type and Year

9. Basis of Claim. State in detail all facts and circumstances of the incident. Identify all persons, entities, property and City departments involved. State why you believe the City is responsible for the alleged injury, property damage or loss.

Name, I.D. Number and City Department of City Employee who allegedly caused injury or loss	Type of City Vehicle	Vehicle License Number and Bus or Train Number

10. Description of Claimant's injury, property damage or loss

11. Amount of Claimant's property damage or loss and method of computation. Attach supporting documentation. (See Instructions)

ITEMS

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL AMOUNT	\$ _____

Court Jurisdiction: Limited Civil Unlimited Civil

12. Witnesses (if any) Name	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____

13.

Signature of Claimant or Representative _____ Date _____

Print Name _____ Relationship to Claimant _____

Do Not Write In This Space

CA/FORM 2. 2/01

CRIMINAL PENALTY FOR PRESENTING A FALSE OR FRAUDULENT CLAIM IS IMPRISONMENT OR FINE OR BOTH. (PENAL CODE §72)