



CITY OF LEMON GROVE

"Best Climate On Earth"

The attached form shall be used when individuals or organizations feel they have a claim for injuries or property damage against the City of Lemon Grove. The form is self-explanatory and should be completed and sent to the City Clerk for the City of Lemon Grove.

City of Lemon Grove
ATTN: City Clerk
3232 Main Street
Lemon Grove, CA 91945

Or email to our City Clerk, Joel Pablo at jpablo@lemongrove.ca.gov

The City of Lemon Grove has delegated to the California Joint Powers Insurance Authority (JPIA) the authority to act on behalf of the City to accept, reject, return as insufficient, or return as untimely any claims against the City. California JPIA currently contracts with Carl Warren & Company to thoroughly investigate and manage all liability claims against the City. If you file a claim with the City Clerk, you can expect to be contacted by a representative from Carl Warren & Company within four weeks of submitting your claim.

If you have any questions or require further information concerning this matter, please call the City Clerk at (619) 825-3841.



RESERVE FOR
DATE STAMP

**Claim Against the City of Lemon
Grove, Lemon Grove Housing
Authority, Lemon Grove Sanitation
District, Lemon Grove Successor
Agency For Damages to Persons or
Personal Property**

Personally Deliver or Mail to the:
City Clerk's Office
City of Lemon Grove
3232 Main Street
Lemon Grove, Ca 91945

CITY CLAIM NO.: _____ **Rec'd by City Employee Name:** _____

Received by Mail ☐

Received Over Counter ☐

Note: A claim relating to a cause of action for death or for injury to person or damage 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 address of the Claimant:

Name of Claimant: _____

Home Address: _____

Email Address: _____

Telephone Number: _____

2. Name and address at which claimant desires to receive notices or communications regarding this claim (if different from home address provided above):

Name of Representative: _____

Relationship to Claimant: _____

Address: _____

Email Address: _____

Telephone Number: _____

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

Date of Birth: _____

Social Security Number: _____

Gender: _____

Regarding Question #3 - 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. What particular act or omission do you claim caused the injury or damage? Give the name or names of the city employee causing the injury or damage, 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 Insurance Co.:

Telephone:

Address:

Insurance Policy No.:

Insurance Broker/Agent:

Telephone:

Address:

Claimant's Veh. License No.:

Vehicle Make/Year:

Claimant's Drivers License No.:

Expiration:

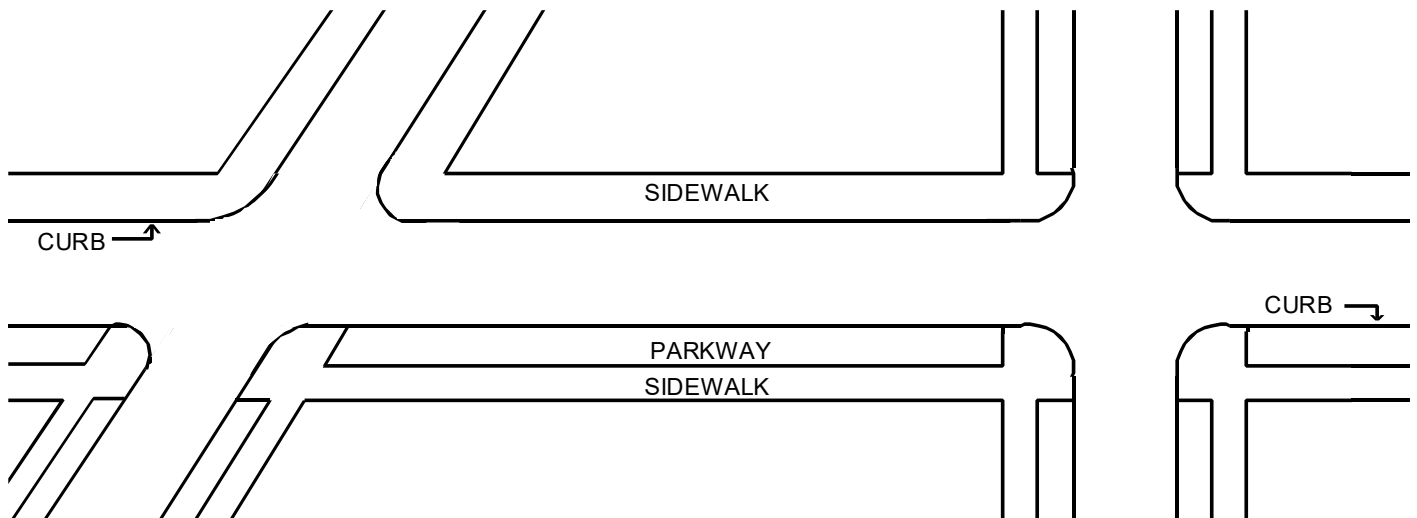
If applicable, please attach any repair bills, estimates or similar documents supporting your claim.

READ CAREFULLY

For all accident claims, place on the following diagram the name of street(s), including North, East, South, and West; indicate place of accident by marking an "X" and by showing house numbers or distances to street corners. If a City/Agency Vehicle was involved, designate so by marking letter "A" at the location of the City/Agency Vehicle when you first saw it, letter "B" at the location of yourself or your vehicle when you first saw

the City/Agency Vehicle; the location of the City/Agency vehicle at the time of accident by "A-1" and 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 the diagram below does 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 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