CLAIM AGAINST THE CITY AND COUNTY OF SAN FRANCISCO

Before completing this form please read the instructions on the back. Untimely claims will be returned. Please submit this form and supporting documentation to the **Controller's Office, Claims Division, 1390 Market Street, 7th Floor, San Francisco, CA 94102** in person or by mail.

*** = REQUIRED** **** = REQUIRED IF KNOWN**

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

City **Zip**

Telephone Daytime Evening Cellular

2. Send Official Notices and Correspondence to:
*

City **Zip**

Telephone Daytime Evening Cellular

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, Mileage, 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 (up to $25,000) ☐
Unlimited (over $25,000) ☐

12. Witnesses (if any) Name **Address** **Telephone**

1.

2.

13.
*

Signature of Claimant or Representative **Date**

Print Name **Relationship to Claimant**

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

Do Not Write In This Space

CA/FORM 03/12

A COMPLETED CLAIM FORM AND SUPPORTING DOCUMENTATION MUST BE FILED WITH THE CONTROLLER'S OFFICE, CLAIMS DIVISION, 1390 MARKET STREET, 7TH FLOOR, SAN FRANCISCO, CA 94102-5402

INSTRUCTIONS FOR FILING A CLAIM

Failure to complete all sections of the Claim form will delay the processing of your claim and 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, 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. The Federal Government requires the City to report settlements for present or future medical care. This information will be kept confidential and only shared with the Federal Government. The City is unable to process payment without this information.
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 of Accident**-Include the city and exact street address or intersection 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(s) 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 the make, model, mileage, and year. You may attach additional material.
11. **Amount of Loss and Method of Computation**-State the total amount of money you claim in damages. Provide a breakdown of each item of damages and how that amount was computed. You may include future, anticipated expenses or losses. 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, the claimant must state the total amount claimed and the basis of this computation. If the claim exceeds $10,000, 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; unlimited civil jurisdiction cases are those involving damages of $25,000 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	1815 Egbert Avenue, S.F., CA 94124	(415) 715-3280
2.	SAN FRANCISCO UNIFIED SCHOOL DISTRICT	555 Franklin Street, 2nd Fl, S.F., CA, 94102	(415) 241-6000
3.	SAN FRANCISCO COMMUNITY COLLEGE DISTRICT	33 Gough Street, S.F., CA 94103	(415) 241-2234

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.