

**CLAIM AGAINST THE CITY OF SANTA ANA  
(For damages to person or personal property)**

A claim against the City of Santa Ana must be filed with the City Clerk's Office of City of Santa Ana within **six (6) months** after which the incident or event occurred. Be sure your claim is against the City of Santa Ana, not another public entity. Where space is insufficient, please use additional paper and identify the paragraph(s) being answered.

Completed claims must be delivered or mailed to:

**City Clerk's Office, City of Santa Ana, 20 Civic Center Plaza, 8<sup>th</sup> Floor,  
P.O. Box 1988, Santa Ana, CA 92701**

<b>For Official Use Only</b>	
<b>CLAIM NO:</b> _____	
RESERVE FOR FILING STAMP	
<b>Received via:</b>	
<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> Over the Counter
<input type="checkbox"/> Interoffice Mail/Tube	

**1. Claimant Information**

Name of Claimant: \_\_\_\_\_  
First Name Middle Name Last Name

Post Office Address: \_\_\_\_\_  
Street Address City/State Zip Code

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**2. Name and address to which notices should be sent, if other than above. If represented by an attorney, provide attorney information.**

Name of Addressee: \_\_\_\_\_

Post Office Address: \_\_\_\_\_  
Street Address City/State Zip Code

Phone Number: \_\_\_\_\_

**3. The date, place, and other circumstances of the occurrence or transaction from which the claim arises.**

Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_

Location: \_\_\_\_\_

Circumstances giving rise to this claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. General description of the indebtedness, obligation, injury, damage or loss incurred so far as you now know.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. **The name(s) of the public employee(s) or department causing the injury, damage, or loss, if known.**

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6. **If amount claimed totals less than \$10,000:** Provide the amount claimed if it totals less than ten thousand dollars (\$10,000) as of the date of your claim, including the estimated amount of any related potential future injury, damage, or loss, insofar as it may be known as of the date of your claim, together with the basis of computation of the amount claimed (include copies of all bills, invoices, estimates, etc.).

Total amount claimed and basis for computation:

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**If amount claimed exceeds \$10,000:** If the amount claimed exceeds ten thousand dollars (\$10,000), you need not provide a dollar amount in the claim. However, your claim must indicate whether it 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 case is one in which the recovery sought is more than \$25,000. (See CCP§86)

**Limited Civil Case**

**Unlimited Civil Case**

**You are required to provide the information requested above in order to comply with Government Code §910. Additionally, in order to conduct a timely investigation and possible resolution of your claim, the City of Santa Ana requests that you answer the following questions.**

7. **Medicare Secondary Payer Act:** Effective January 1, 2010, the Medicare Secondary Payer Act (Federal Law) requires the City to report all claims involving payments for bodily injury and/or medical treatments. If you are seeking medical damages you must provide your social security number. The City will be unable to process your medical claim without this information.

Social Security Number:

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8. **Name, address and phone number of any witnesses to the occurrence or transaction from which the claim arises.**

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9. **If the claim involves medical treatment for a claimed injury, please provide the name, address, and phone number of any doctors or hospitals providing treatment. *If applicable, please attach any medical bills or reports or similar documents supporting your claim.***

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**10. If the claim relates to an automobile accident, provide the following information:**

Auto Insurance Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Broker/Agent: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Vehicle License No.: \_\_\_\_\_

Vehicle Make/Model/Year: \_\_\_\_\_

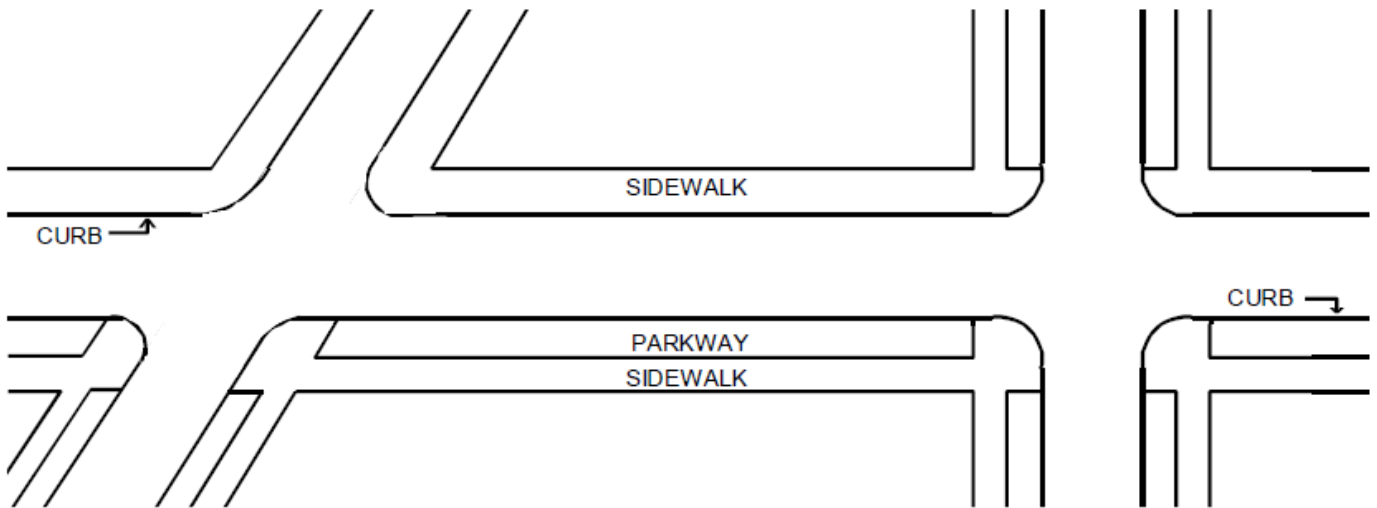
Drivers License No.: \_\_\_\_\_

State Issued: \_\_\_\_\_

Expiration: \_\_\_\_\_

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

For all accident claims, complete the diagram showing the direction and position of autos or property involved. Please identify the street names, vehicle/pedestrian location, area of impact, etc. and indicate where North is on the diagram. Note: if the diagram below does not fit the situation, attach hereto a proper diagram signed by claimant.



**WARNING:** Presentation of a false claim is a felony (Penal Code §72). Pursuant to CCP§1038, The City may seek to recover all costs of defense in the event an action is filed which is later determined not to have been brought in good faith with reasonable cause.

\_\_\_\_\_  
**Signature of Claimant**

\_\_\_\_\_  
**Date**

**LATE CLAIM:** If you are filing a claim after six (6) months after the date of incident, but not exceeding one (1) year, you must file an "APPLICATION FOR LEAVE TO PRESENT A LATE CLAIM TO THE CITY OF SANTA ANA," which may be obtained from the City Clerk's Office or Risk Management.