## **County of San Luis Obispo**



# FILING A CLAIM AGAINST THE COUNTY OF SAN LUIS OBISPO

#### Claims *Must* Be Filed at the Following Location:

County of San Luis Obispo County Administration Office County Government Center, 1055 Monterey Street, D430 San Luis Obispo, CA 93408

#### Questions Regarding the Claim Process Should Be Referred to:

County of San Luis Obispo Risk Management Division 805-781-5959

You must file your claim form, by mail or in person, with the County Administration Office located at 1055 Monterey Street, Room D430, San Luis Obispo, within the time limits prescribed by Government Code §911.2, which states: "A claim relating to a cause of action for death, or for injury to person or to personal property or growing crops shall be presented as provided in Article 2 (commencing with § 915) of this chapter not later than six months after accrual of the cause of action. A claim relating to any other cause of action shall be presented as provided in Article 2 (commencing with § 915) of this chapter not later than one year after accrual of the cause of action."

The claim shall be signed by you or by some person on your behalf, and shall include all of the information required by Government Code § 910.

#### **CLAIM FORM INSTRUCTIONS**

#### **Completing the Claim Form:**

You will need to provide the following information to submit a claim to the County of San Luis Obispo:

#### 1. Claimant Name:

Full name of the person claiming injury or damages.

#### 2. Date of Birth:

Date the claimant was born. The County must know if the claim is being filed by, or on the behalf of, a minor.

#### Claimant Address:

Current address of the person claiming injury or damage.

#### 4. Address Where Notices Are to Be Sent:

The address to which correspondence pertaining to the claim will be sent.

#### 5. Phone Numbers:

Provide current home and work phone numbers. If you have a cell phone, please provide that as well.

#### 6. **Amount of Claim:**

Enter the total amount of your claim as of the date of presentation of the claim, which includes the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of presentation of the claim.

#### 7. Date and Time of Accident/Incident/Loss:

The exact date and time of the accident/incident/loss that caused your alleged damage or injury.

#### 8. Location of Accident/Incident/Loss:

Please provide a specific location where the accident/incident/loss that caused your alleged damage or injury occurred. Include as much information as you can with respect to the location. This is vital to the investigation of your claim. A diagram has been provided for your convenience.

#### 9. Describe How This Accident/Incident/Loss Occurred:

Provide a detailed account of the events that led up to your alleged damage or injury. Include all information that you believe supports your claim that the County is responsible for your alleged damage or injury. Also, include the names, addresses, and phone numbers of any witnesses to the events described in your claim.

#### 10. **Describe the Damage/Injury/Loss:**

Provide a detailed account of your alleged damage or injury that resulted from the Accident/Incident/Loss.

### 11. Name(s) of Public Employee(s), Department or District Allegedly Causing Damage/Injury/Loss (if known):

Please list the name(s) of the employee(s), and/or the County Department, or Board of Supervisors' governed district that allegedly caused your damage/injury/loss.

#### 12. **Itemized List of Expenses/Damages:**

Provide a breakdown of the amount of your total claim shown in item #6. The claimant must provide the basis of computation of the amount claimed. For property damage claims, please include two (2) estimates for repairs and photographs of the damage.

#### 13. Signed by, or for, the Claimant:

A claim may be presented by the claimant, or by a person acting on his/her behalf. The person that presented the claim to the County for consideration should sign this form.

If you have questions regarding the claims process, please contact the County of San Luis Obispo Risk Management Division at 805-781-5959.

#### **CLAIM AGAINST THE COUNTY OF SAN LUIS OBISPO**

You may file in person or mail completed form to:

County Administration Office County Government Center 1055 Monterey Street, Room D430, San Luis Obispo, CA 93408 Clerk-Recorder's Stamp

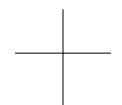
Do Not Write in This Space

Claimant Name: ַ	Last	First	Middle Initial
Date of Birth:			
Claimant Address	S:		6: - 17: 6: -1
Address Where N	Street/P.O. Box  otices Are to Be Se	ા nt (if different from a	y State/Zip Cod
Phone Numbers:	Home	Work	Other
Amount of Claim		WOIK	
Date and Time of	f		_
Location of Accid	ent/Incident/Loss:		
Describe How Thi	s Accident/Inciden	t/Loss Occurred:	
Describe the Dan	nage/Injury/Loss:		

11.	Name(s) of Public Em	loyee(s) Allegedly Causing Damage/Injury/Loss (if known):
Emplo	yee Name	County Dept./Board-Governed Distriction
12.	Itemized List of Expe	ses/Damages (should equal line 6): *
	ltem	Amount
		\$
		\$
		\$
		\$
	Total	\$
	allowance same if ge voucher, o County jail not exceed imprisonm by a fine o	on who, with intent to defraud, presents for r payment to any county authorized to allow or pay nuine, any false or fraudulent claim, bill, account, writing, is punishable by either imprisonment in the for a period of not more than one year, by a fine of ang one-thousand dollars (\$1,000.00), or both such and fine, or by imprisonment in the state prison, not exceeding ten-thousand dollars (\$10,000.00), or nprisonment and fine. (California Penal Code § 72.)
13.	Signature of Claiman	Representative:
Nan	ne	Date

#### **LOCATION DIAGRAM**

Please indicate Compass directional points (N, S, E, W)



- Identify streets
- ➤ If vehicles are involved, indicate your own Vehicle as #1; County vehicle as #2, etc.
- If your claim is based on the condition of the condition of the road, please identify the precise location of the problem.

