



CITY OF  
**LA MESA**  
JEWEL of the HILLS

**ADMINISTRATIVE SERVICES DEPARTMENT**

Dear Sir or Madam:

Attached is a liability claim form. It is to be used when individuals or organizations feel they have a claim for injuries or property damage against the City of La Mesa. The form is self-explanatory and should be completed and sent to this office.

The City of La Mesa is self-insured. Funds to investigate and settle claims take away funds from other City services to our citizens and patrons. The City is a member of the Public Entity Risk Management Authority (PERMA) for excess liability exposures. As a Member, the City has certain responsibilities and procedures that must be followed when processing claims against the City. Your claim will be thoroughly investigated. You will be notified of the status of your claim within three to four weeks of filing. You may be contacted by a representative of PERMA or an independent claims adjustor, acting on behalf of the City.

Presentation of a false claim is a felony (Penal Code §72). Also, be advised that the City of La Mesa will pursue the recovery of legal fees and costs associated with defending any frivolous claim or lawsuit, pursuant to Code of Civil Procedure Section 1038 and the California Supreme Court's decision in *Kobzoff v. Los Angeles County Harbor UCLA Medical Center, 19 Cal. 4<sup>th</sup> 851 (1998)*.

If you have any questions or require further information concerning this matter, please call the City's Risk Management Division at (619) 667-1112.

Very truly yours,

Rida Freeman  
Human Resources/Risk Manager

Attachment



**CITY OF  
LA MESA**  
JEWEL of the HILLS

RESERVE FOR FILING STAMP

**CLAIM FOR MONEY OR  
DAMAGES AGAINST  
THE CITY OF LA MESA**

Personally Deliver or Mail to the:  
City Clerk's Office  
City of La Mesa  
8130 Allison Ave.  
La Mesa, CA 91942

CITY CLAIM NO.: \_\_\_\_\_ Rec'd by City Employee Name & ID#: \_\_\_\_\_

Received by Mail?

Received Over Counter?

**Note:** 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 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 Post Office address of the Claimant:

Name of Claimant: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

2. Post Office address to which the person presenting the claim desires notices to be sent:

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

Relationship to Claimant: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Gender: \_\_\_\_\_

**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.

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6. The name or names of the public employee or employees causing the injury, damage, or loss, if known.

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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:

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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:

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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:

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***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 Ins. Co.: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Policy No.: \_\_\_\_\_

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

Address: \_\_\_\_\_

Claimant's Veh. Lic. No.: \_\_\_\_\_ Vehicle Make/Year: \_\_\_\_\_

Claimant's Drivers Lic. No.: \_\_\_\_\_ Expiration: \_\_\_\_\_

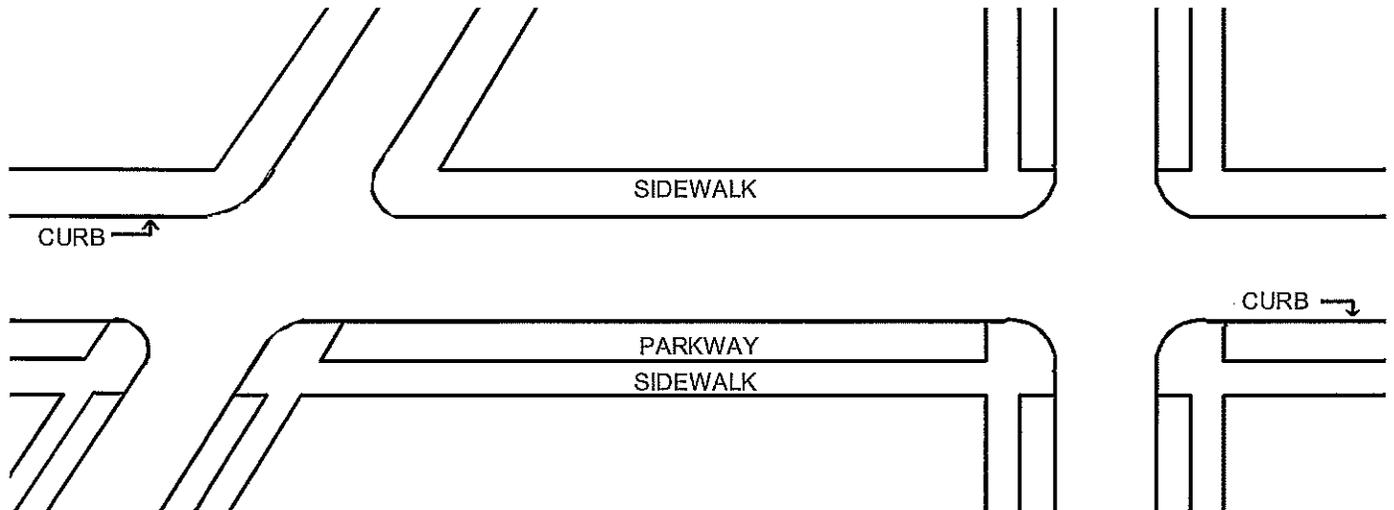
*If applicable, please attach any repair bills, estimates or similar documents supporting your claim.*

**READ CAREFULLY**

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

location of City/Agency vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X."

**NOTE:** If diagrams below do 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 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