

Inter Office Use
RISK. _____
FY## _____

Date Distributed: \_\_\_\_\_ DISTRIBUTION:  
Date Received: \_\_\_\_\_ Risk Manager \_\_\_\_\_  
Received By: \_\_\_\_\_ City Attorney \_\_\_\_\_  
City Clerks Office City Manager \_\_\_\_\_  
Rec'd by Mail: \_\_\_\_\_ Rec'd at counter \_\_\_\_\_ ACManager \_\_\_\_\_

---

The space above this line reserved for City use

**CLAIM AGAINST THE CITY OF SOLANA BEACH**  
(California Government Code Section 910)

If required information is not provided the claim will be returned as incomplete

**INSTRUCTIONS:** Complete claim form in detail. If more space is needed use additional paper and identify the additional information by appropriate paragraph number. The claim must be signed under penalty of perjury and dated. File the completed claim with the CITY CLERK:

635 South Highway 101  
Solana Beach, CA 92075

If the claim is for personal injury or injury to personal property, a complete and detailed claim form must be filed within 6 months from the date the cause of action to which the claim relates occurred. Generally, this is the date of the incident.

1. Name of the Claimant: \_\_\_\_\_  
Address of Claimant: \_\_\_\_\_  
\_\_\_\_\_ phone: \_\_\_\_\_

2. Name of person and mailing address to which person presenting claim desires notice to be sent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Date, place and circumstances of the occurrence or transaction which gave rise to the claim:

(a) Date: \_\_\_\_\_ Time: \_\_\_\_\_

(b) Place (street address) \_\_\_\_\_

closest cross street: \_\_\_\_\_

other information describing place of occurrence: \_\_\_\_\_

(c) Description of the particular act or omission you claim caused the injury or damage. Include a full description of the circumstances involved in the act or omission. Please include a statement of how the City or its employees caused the injury or damage. If you claim that the injury or damage resulted from a condition of public property, please describe the condition in detail. Use additional paper, if necessary.

---

---

---

---

---

---

---

---

---

---

4. Description of the nature, indebtedness, obligation, injury, damage or loss so far as known at time of presenting the claim.

---

---

---

---

---

---

5. Name or names of City employee or employees causing the injury, damage or loss. If not known, please state "not known." If you do not know the name but can provide other identifying information about the employee or employees, please do so.

---

---

---

---

---

---

6. Amount claimed as of the date of this claim, including estimate of prospective injury damage or loss.

(please check the appropriate box)

- \$5,000.00 or less
- \$5,001.00 through \$10,000
- More than \$10,000 and within the jurisdiction of the Municipal Court
- More than \$10,000 and within the jurisdiction of the Superior Court

Please state the basis for the computation of the amount and the total amount of the claim.

---

---

---

7. Names and addresses of witnesses, doctors, hospitals, etc.

NAME

ADDRESS

PHONE

- (a) \_\_\_\_\_
- (b) \_\_\_\_\_
- (c) \_\_\_\_\_

8. Additional information that might be helpful in considering claim.

---

---

---

---

---

---

9. If you have pictures, sketches, reports or other documents relating to the transaction or occurrence, you may attach them to this claim.

10. Did you report the incident to any City employee or officer? If so, please identify the person and the date of the report.

---

---

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information of belief and as to such matters I believe the same to be true.

I certify under penalty of perjury that the foregoing is true and correct.  
An original signature is required for submittal.

Date: \_\_\_\_\_ at: \_\_\_\_\_

\_\_\_\_\_  
Claimant Signature

Pursuant to GC 54956.9, this document and any attachments are subject to public disclosure or public inspection.