



CLAIM AGAINST THE COUNTY OF SAN DIEGO

(FOR DAMAGES TO PERSONS OR PERSONAL PROPERTY)

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File No: _____

A claim must be filed with the Claims Division of the County of San Diego within 6 months after which the incident or event occurred. Be sure your claim is against the County of San Diego, not another public entity. Where space is insufficient, please use additional paper and identify information by paragraph and number. Completed claims must be mailed or delivered to:

County of San Diego, Claims Division, 1600 Pacific Highway, Room 355, San Diego, CA 92101- Phone (619) 531-4899

TO THE HONORABLE BOARD OF SUPERVISORS – THE COUNTY OF SAN DIEGO, CALIFORNIA

The undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property:

Claimant Information		
Last Name	First Name	Middle Name
Street Address	City	Zip
Home Phone (include area code)	Work Phone (include area code)	E-mail Address
Birth Date	Driver's License Number	
Name, telephone and post office address to which claimant desires notices to be sent, if other than above:		
Claim Information		
Date of Occurrence or Event from which the claim arises:	Time of Occurrence or Event from which the claim arises:	
Location, including address (if none, nearest cross street) and city:		
Specify the particular occurrence, event, act or omission you claim caused the injury or damage (use additional paper if necessary):		
State how or wherein the County of San Diego or its employees were at fault. Give the name(s) of the County department and employee(s) causing the damage or injury:		

Give a description of the property damage or loss, as is known at the time of the claim:

Give a description of the injury, as is known at the time of the claim:

Social Security Number (required for Federal reporting requirements):

Name and address of any other person injured:

Name and address of the owner of any damaged property:

Damages Claimed

Amount claimed as of this date: \$ _____
Estimated amount of future costs: \$ _____
Total amount claimed: \$ _____

Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc):

Damaged Vehicle (if applicable)

Make:	Model:	Year:
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License Plate Number:	Mileage:
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Insurance Company:	Policy Number:
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Additional Information

Names and Address of witnesses, hospitals, doctors, etc:

A.

B.

C.

Any additional information that might be helpful in considering this claim:

➤ **WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (PENAL CODE § 72; INSURANCE CODE § 556.1)**

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 or 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.

Signed this _____ day of _____, 20____ at _____

Claimant's Signature