LIABILITY CLAIM FOR DAMAGES
PERSON OR PROPERTY

File claim by personal delivery or mail to:
The City of Yucaipa, Risk Management Department
34272 Yucaipa Blvd., Yucaipa, CA 92399

Questions regarding your claim may be directed to Risk Management at 909/797-2489 ext. 219

Claims for death, injury to person or personal property, must be filed no later than six (6) months after the occurrence (Gov. Code §911.2).

Claims for damages to real property must be filed not later than one (1) year after the occurrence (Gov. Code §911.2). Knowingly filing false claims violates Gov. Code §12650 and Penal Code Section 72 and can be prosecuted.

SECTION A – CLAIMANT INFORMATION			
Name of Claimant (First, Middle, Last):			Date of Birth:
Home Address:			
City:		State:	Zip Code:
Phone Number: ( )	Email:		Social Security Number:
SECTION B – OFFICIAL NOTICES AND CORRESPONDENCE			
Mail Official Notices and Correspondence to (if different from above):			
Address:			
City:		State:	Zip Code:
Phone Number: ( )	Email:		
SECTION C – INCIDENT INFORMATION			
Date Incident Occurred:		Time:	☐ AM ☐ PM
Location of Accident or Incident (be specific): Please use diagram on Page 3 to illustrate. Where appropriate, give street names, addresses, and measurements for landmarks.			
Describe the Accident or Incident (be specific):			

SECTION D – INJURY/DAMAGE INFORMATION

What Action/Inaction by the City , or its employees, caused your injury or damage?

What injury or damage did you suffer?

Were Police at the Scene?	Were Paramedics at the Scene?
Doctor:	Hospital:
Address:	Address:

Name and Department of City Employee who Allegedly Caused Injury or Loss (if known):

City Vehicle Type/Description:	License Plate No./Unit No.:

Witnesses to Injury / Damage:

Name: Address: Phone:

Name: Address: Phone:

Name: Address: Phone:

IF CLAIM RELATES TO AN AUTOMOBILE ACCIDENT, PLEASE PROVIDE REQUESTED INFORMATION AND ATTACH PROOF OF INSURANCE

Please check here if there was no insurance coverage in effect at time of accident. ☐

Insurance Policy No.:	Insurance Company:
Insurance Broker/Agent:	Phone Number: ( )

Address:

City:	State:	Zip Code:

Make of Vehicle:	Model:	Color:	Year:	Vehicle License:

SECTION E – DAMAGES CLAIMED

If your claim exceeds ten thousand dollars ($10,000), Gov. Code §910(f) requires that you indicate whether or not the claim is a "limited civil case." Check one.

☐ Limited (up to $25,000) ☐ Unlimited (over $25,000)

If your claim does not exceed ten thousand dollars ($10,000), state the basis of your computation of the amount claimed. Attach supporting medical bills, invoices, repair estimates, photographs, etc. (provide a minimum of two (2) estimates)

Property Damage: $ _____

Expenses for Medical Care (if any): $ _____

General Damages: $ _____

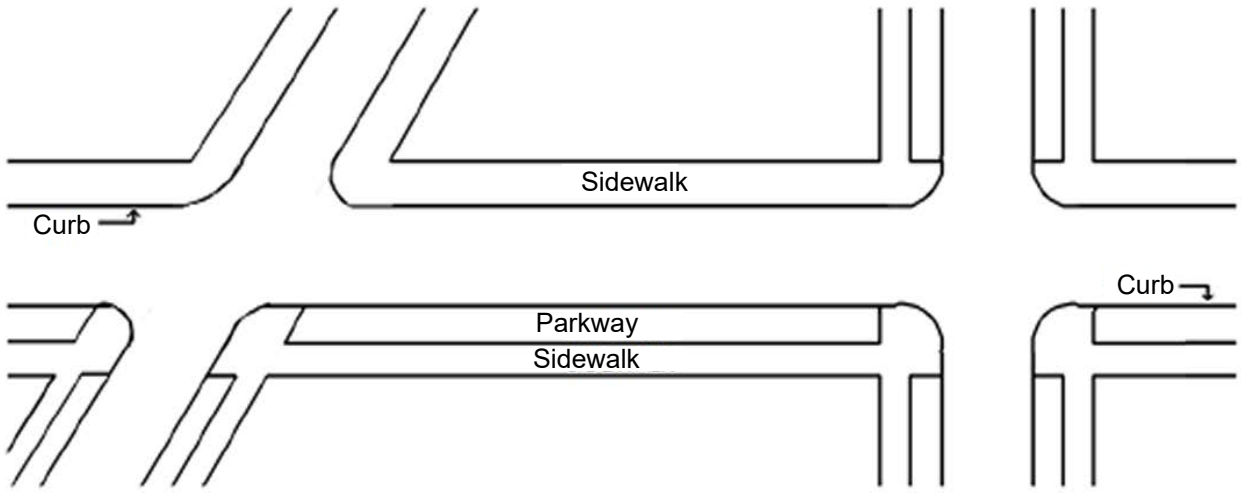
Total Sum of Claim: $ _____

READ CAREFULLY

For all accident claims, please on following diagram, provide the names of streets, including North, East, South, and West directions. Indicate place of accident by "X" and by showing house numbers or distances to street corners.

If a City vehicle and/or City personnel was involved, designate by letter "A" location of the City vehicle and/or City personnel when you first saw it, and by "B" location of yourself or your vehicle when you first saw City vehicle and/or City personnel; location of City vehicle and/or personnel at time of accident by "A-1" and location of yourself or your vehicle at time of accident by "B-1" and the point of impact by "X".

Note: If diagram below does not fit the situation, attach hereto a proper diagram signed by claimant.



Claim for **must** be signed by claimant or party filing the claim (Gov. Code §910.2).

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.

Printed Name of Signatory and Relationship to Claimant

Date

Signature of Claimant or Person Acting on Behalf of Claimant

Revised 6-2025