



## FILING A CLAIM FOR DAMAGES WITH THE CITY OF OJAI

Dear Claimant:

The requirements and procedure for recovering damages from the City of Ojai are outlined in the California Government Code, commencing with §900. Subject to a few exceptions, you are required to file a timely claim with the City of Ojai. In most cases, as further discussed below, to be timely, the claim must be filed within six (6) months of the date of accrual. Please fill out the form completely. Please type or print clearly, using black or blue ink.

The date of the incident must be provided on the claim form. The claim must be filed within six (6) months of the date of accrual. See Government Code §911.4 for an Application for Leave to Present a Late Claim.

Once you have completed the claim form, mail or deliver it with all supporting documents to:

City Clerk Department  
City of Ojai  
Po Box 1570  
401 S. Ventura Street  
Ojai, CA 93023

A clear postmark date on an envelope or the received stamp by the City Clerk Department will be deemed the date of presentation to the City of Ojai.

Your claim will be reviewed and investigated by Carl Warren & Company. You should hear back on the status of your claim within 45 days of the presentation of your claim. Claims submitted to the City of Ojai are public records and must be disclosed upon request.

If you have any questions please contact the Rhonda Basore, Deputy City Clerk at 805-646-5581 x120 or by email at [basore@ci.ojai.ca.us](mailto:basore@ci.ojai.ca.us).

Date and Time Filed

# CLAIM FOR DAMAGES

## TO PERSON OR PROPERTY

(Government Code § 910, 910.2)

### INSTRUCTIONS

*(Please read carefully):*

- *Claims related to injury to person or damage to personal property must be presented to the City within six (6) months from the date of loss.*
- *Claims related to any other loss must be presented not later than one (1) year from the date of loss.*
- *Answer all questions fully and to the best of your knowledge and information. If more space is needed, please attach additional pages and identify question(s) being answered.*
- *Sign and date claim on page 3.*
- *File claim with the City Clerk.*

### To the City Clerk, City of Ojai

Name of Claimant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address of Claimant: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_

*All notices and communications with regard to this claim will be directed to the Claimant unless you identify to whom further communication should be directed by completing the following:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Location of incident *(Specify in as much detail as possible. If applicable, see page 3 for diagram upon which to locate place of accident):* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Description of incident/accident that caused you to make this claim:

---

---

---

What specific injury, damages, or loss did you incur:

---

---

---

What amount of money are you seeking to recover: *(Check one of the boxes below)*:

- The amount claimed totals less than \$10,000.  
Enter the amount claimed: \$ \_\_\_\_\_.
- The amount claimed is more than \$10,000 but not over \$25,000; jurisdiction rest in Municipal Court.
- The amount claimed is more than \$25,000; jurisdiction rests in Superior Court.

How was this amount calculated? (Itemize and attach bills, repair estimates, receipts, etc.; if claim is for vehicle damage, obtain and attach two (2) repair estimates): \_\_\_\_\_

---

---

---

What is your basis for claiming that the City or City employee(s) are the cause of your injury, damages or loss? \_\_\_\_\_

---

---

---

What are the name(s) of the of the City employee(s) whom you allege caused your injury, damages or loss, if known? \_\_\_\_\_

---

---

---

Name, address and telephone number of any witnesses who can substantiate your claim:

_____	_____
_____	_____
_____	_____
_____	_____

Any additional information that you believe might be helpful to the City in considering this claim: \_\_\_\_\_

---

---

---

---

*READ CAREFULLY*

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

*If City vehicle was involved, designate by letter "A" location of City vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City vehicle; location of City 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".*

I, the undersigned, declare under penalty of perjury that I have read the foregoing claim for damages and know the contents thereof; that the same is true of my own knowledge and belief, save and except as to those matters wherein stated on information and belief, and as to them, I believe to be true.

\_\_\_\_\_  
*Name of Claimant or person  
Filing on Claimant's behalf*

\_\_\_\_\_  
*Signature*  
Date: \_\_\_\_\_

**WARNING: Penal Code Section 72 makes it a crime punishable by imprisonment to submit a "false or fraudulent claim" for payment to a city or public district, and Code of Civil Procedures Section 1038 authorizes the award of attorney fees against a claimant who brings a claim that is "not brought in good faith and with reasonable cause."**