

FILING A CLAIM FOR DAMAGES WITH THE GOVERNMENT ENTITY

Dear Claimant:

These instructions apply to County of Ventura and its separate districts. The requirements and procedure for recovering damages 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 Board of Supervisors. In most cases, as further discussed below, to be timely, the claim must be filed within six (6) months of the date of accrual. For your convenience, the County of Ventura provides a claim form you may elect to use to assist you in presenting your claim for consideration. Instructions for use of the claim form are outlined below.

INSTRUCTIONS FOR COMPLETING THE COUNTY'S CLAIM FORM

Please type or print clearly, using black or blue ink, all of the information requested on Claim Form.

- 1. Claimant, Notification and General Information** – In the top section of the claim form, state full legal name, address and date of birth for the claimant. Also provide the name and mailing address where claims information should be sent if other than the claimant. Provide the telephone number where additional information can be obtained.
- 2. Date of Accident** - It is critical that you provide the date of the accident or event that caused the damage for which you seek compensation. Failure to provide this information will cause your claim to be returned as insufficient. (See discussion below).
- 3. Place of Accident** – Describe the location of the accident or event with sufficient particularity to be able to identify the location on a map and visit the scene. Be sure to indicate if it is within a city or unincorporated area of the County.
- 4. Property Damage** – If the claim seeks recovery of property damage, describe the nature and extent of the damage and the method used to calculate the claimed amount. If someone else owns the property, provide their name, address and telephone number. Attach copies of repair bills or at least two damage estimates that support your claim. In the case of lost property, evidence of ownership and replacement costs will expedite the handling of your claim.
- 5. Personal Injury** – If the claim seeks recovery for personal injury or wrongful death, describe the nature and extent of the injuries, medical treatment received, and any other information relevant to assist in consideration of your claim.
- 6. Liability** – Describe how the event occurred and the facts and circumstances why you believe the County of Ventura or its special districts are liable for your damage.
- 7. Amount of Claim** - State the total amount you are claiming as a result of the alleged damage/injury. Indicate if costs or damage is continuing, and describe the basis for this assertion. If the total amount is unspecified or exceeds \$10,000, designate the appropriate court jurisdiction for the claim. If available attach copies of all bills, payment receipts, and cost estimate(s). Provide an itemization and total of all damages.

8. **Witnesses** – Provide the names and contact information of any witnesses to the accident, including public employees involved in the incident.
9. **Signature** - Government Code §910.2 provides: "The Claim shall be signed by the Claimant or by some person on his/her behalf." Failure to sign the claim will result in return of the claim as insufficient.
10. **Additional Space** – If additional space is needed feel free to attach additional pages.

The date of the incident must be provided on the claim form. Pursuant to Government Code §911.2, claims relating to causes of action for personal injury, wrongful death, property damage, and crop damage must be presented no later than six (6) months after the incident date.

Government Code §911.4 provides for an Application for Leave to Present a Late Claim for these types of claims presented beyond the six months, and within one year. All other types of claims must be presented within one year.

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

**CLERK OF THE BOARD OF SUPERVISORS
COUNTY OF VENTURA
HALL OF ADMINISTRATION BUILDING, 4TH FLOOR
800 SOUTH VICTORIA AVENUE, L#1920
VENTURA, CALIFORNIA 93009**

A clear postmark date on an envelope or the received stamp by the Clerk of the Board of Supervisors for claims made by personal service will be deemed the date of presentation to the Board of Supervisors.

WHAT HAPPENS NEXT?

Your claim will be reviewed and investigated by the Risk Management Department. You should hear back on the status of your claim within 45 days of the presentation of your claim.

Medicare recipients seeking compensation for personal injuries or medical expenses may be required to provide their Medicare Identification Number pursuant to 42 USC §1395y.

Claims submitted are public records, and must be disclosed upon request.

Claim for Damage or Injury

Use Black or Blue Ink or Type
Attach Additional Pages if Necessary

Mail Claim To:
Clerk of the Board of Supervisors
County of Ventura
800 S. Victoria Ave., L#1920
Ventura, CA 93009

Clerk of the Board Stamp

CLAIMANT, NOTIFICATION AND GENERAL INFORMATION

CLAIMANT FULL NAME		CLAIMANT ADDRESS (REQUIRED)
PERSON TO BE NOTIFIED OF ANY ACTION TAKEN ON CLAIM		NOTIFICATION ADDRESS (IF DIFFERENT THAN ABOVE)
CLAIMANT DATE OF BIRTH	MEDICARE BENEFICIARY <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER(S)
DATE OF ACCIDENT	ACCIDENT TIME AM/PM.	EMAIL ADDRESS (OPTIONAL)

PLACE OF ACCIDENT (COMPLETE ADDRESS AND DESCRIPTION TO LOCATE ON A MAP)

PROPERTY DAMAGE

DESCRIBE PROPERTY DAMAGE CLAIMED, INCLUDING LOCATION, NATURE OF DAMAGE, CAUSE AND HOW VALUE IS CALCULATED:

PERSONAL INJURY

STATE THE NATURE AND EXTENT OF CLAIMANT'S INJURY WHICH FORMS THE BASIS OF THIS CLAIM:

LIABILITY

INDICATE HOW THE ACCIDENT HAPPENED, WHY YOU FEEL THE COUNTY IS LIABLE AND NAME OF INVOLVED COUNTY EMPLOYEE(S):

AMOUNT OF CLAIM

PROPERTY DAMAGE:	Personal Injury \$:	TOTAL AMOUNT OF CLAIMS:
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WITNESSES

NAME(S)/ADDRESS(ES):

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIMS OR MAKING FALSE STATEMENTS

Every person who, with intent to defraud, presents for allowance or payment any false or fraudulent claim is guilty of a felony. (See California Penal Code §72).

I DECLARE UNDER THE PENALTIES OF PERJURY OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS CORRECT AND THAT THE AMOUNT OF THIS CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT DESCRIBED ABOVE.

X SIGNATURE OF CLAIMANT

DATE

NOTICE TO CLAIMANT

In order for your claim to receive proper consideration you are requested to supply the information called for on both sides of this form. All material facts should be stated on this form, as it will be the basis of further action upon your claim. The instructions set forth below should be read carefully before the form is prepared.

INSTRUCTIONS

Claims must be signed by the property owner, injured party, or the person representing the claimant. Unsigned claim forms cannot be honored. See Government Code §910.2.

The amount claimed must be substantiated by competent evidence before a claim can be paid. Whether attached to the claim form, or submitted subsequently, evidence supporting the amount claimed may include:

- (a) In support of a claim for personal injury or death, the claimant should submit documentation evidencing the injuries sustained, treatment rendered, the degree of permanent disability, and evidence of paid medical bills. It is recommended that medical evidence **NOT** be attached to the claim form, but that such substantiation of damages be provided upon request. The Claim Form and attachments thereto is a public record and subject to public inspection.
- (b) In support of claims for damage to property which has been or can be repaired, submit at least two itemized signed repair estimates or statements of damages by reliable, disinterested concerns, or if payment has been made, the itemized signed receipts evidencing repaired and payment.
- (c) In support of claims for lost property or property that cannot be economically repaired, submit documentation of the original cost of the property, the date of purchase, and the value of the property before and after accident. The statements demonstrating the value of the property should be by disinterested competent persons, preferably reputable dealers, persons familiar with the type of property, or advertisements for the same or similar property.

The completed Claim Form must be mailed or delivered to the **Clerk of the Board of Supervisors** at the address on the prior page. Questions should be directed to the County of Ventura, CEO Risk Management Department at (805) 654-3197.

INSTRUCTIONS REGARDING INSURANCE COVERAGE

In order that claims may be properly adjusted by Risk Management or **your** insurance company, it is essential that the claimant provide the following information regarding any insurance coverage available for the loss or injury.

DO YOU HAVE ANY INSURANCE COVERAGE FOR THE LOSS? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF "YES", GIVE NAME AND ADDRESS OF INSURANCE COMPANY AND POLICY NUMBER	
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HAVE YOU FILED A CLAIM ON YOUR INSURANCE CARRIER IN THIS INSTANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF "YES", WHAT IS YOUR DEDUCTABLE?	INSURANCE COMPANY'S CLAIM NO.?
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IF A CLAIM HAS BEEN FILED, WHAT ACTION HAS YOUR INSURER TAKEN, OR WHAT ACTION DOES IT PURPOSE TO TAKE WITH REFERENCE TO YOUR CLAIM? (It is necessary that you ascertain these facts)

PLEASE PROVIDE NAME OF INSURANCE CARRIER, ADDRESS AND POLICY NUMBER

NAME OF CLAIMANT