



## City of Tracy

### GENERAL LIABILITY CLAIM INFORMATION

#### When May a Claim Be Filed?

A claim relating to a cause of action for damage to personal property, bodily injury or death must be filed not later than six (6) months after the accrual of the cause of action (see discussion below). A claim relating to any other cause of action (*i.e.*, a breach of contract or damage to real property) must be filed within one (1) year after the accrual of the cause of action (Section 911.2).

If you do not file your claim within this time period, you may be barred from filing a lawsuit. In some limited cases, you may apply to file a late claim (Section 911.4), subject to specified reasons for failure to present a timely claim (Section 946.6).

#### When Does a Claim Accrue?

For purposes of evaluating a claim's timeliness, the general rule to follow is that a claim accrues when the injury or damage occurs which gives rise to a cause of action (Section 901) (*i.e.*, the date of the auto accident or the date of the damage to claimant's property). The date of accrual, however, can vary depending on various circumstances.

(Note: A person charged with a criminal offense may not bring a civil action based on the conduct of a law enforcement officer relating to the offense for which the person is charged during the time in which the criminal charges are pending (Section 945.3). The individual is not exempt from the six (6) month claim filing statute.)

#### For What Damages May a Claim be Filed?

As a general rule, a claim may be filed with a public entity for "money or damages" allegedly caused by the public entity or employee(s) (Section 905). No claim is required in those cases in which no money is sought and the individual is merely trying to either compel or prevent some action by the entity.

#### How Must a Claim be Filed?

The claim may be presented in person to the clerk, secretary, or auditor of the public entity from which damages are sought. Alternatively, the claim may be mailed to such clerk, secretary, auditor, or governing body at its principal office (Section 915(a)). (Note: A claim which is mailed is considered filed on the date on which it is placed in the mail; therefore, saving the envelope with the postmark may be an important step in determining whether the claim was timely filed).

#### What Information Must the Claim Include?

The statutes require that certain information be included in any claim filed with a public entity. Generally, a claim must contain the following information:

- 1) Name and residential address of claimant;

- 2) Post office or alternate address to which the claimant wants responses to the claim sent (if different than the residential address);
- 3) Date, place, and other circumstances which give rise to the claim.
- 4) Description of damage, injury, or loss known at the time of the claim;
- 5) Name(s) of public employee(s) causing damage, injury, or loss, if known;
- 6) The actual amount claimed, **if it totals less than ten thousand dollars (\$10,000)** as of the date of the presentation of the claim. **If the amount claimed exceeds ten thousand dollars (\$10,000), no dollar amount shall be included in the claim; however, it shall indicate the court of appropriate jurisdiction and, if the superior and municipal courts have been consolidated, whether the claim would be a limited civil case.** The limited civil case jurisdictional limit is presently \$25,000.
- 7) The signature of the claimant or representative (Section 910.2). A representative is simply a person who acts on someone's behalf and need not be an attorney.

If your claim or claim form does not contain the information as listed above, your claim may be returned to you to complete and resubmit.

### **Where Must a Claim be Filed?**

A claim must be filed in person or by U.S. mail with the "clerk, secretary, or auditor" of the local public entity from which damages are sought (Section 915). Claims will not be accepted by email.

**City of Tracy  
City Clerks' Office  
333 Civic Center Plaza, 2nd Floor  
Tracy, CA 95376**

### **What Happens After Filing Your Claim?**

The agency has 45 days after receiving your claim to take action. The agency will typically conduct an investigation of your claim. You will be notified, in writing, once a determination has been made on your claim.

**CLAIM FORM**  
(Please Type or Print)

**CLAIM AGAINST** \_\_\_\_\_  
(Name of Entity)

**Claimant's Name** \_\_\_\_\_ **S.S #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Claimant's Date of Birth** \_\_\_\_\_ **Telephone # ( \_\_\_\_\_ )** \_\_\_\_\_

**Claimant's Address** \_\_\_\_\_ **Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_

**Address where Notices and Claims are to be sent, if different from above:**

\_\_\_\_\_

**Date of Incident / Accident / Arrest:** \_\_\_\_\_

**Date Injuries, Damages or Losses were discovered:** \_\_\_\_\_

**Location of Incident / Accident / Arrest:** \_\_\_\_\_

**What did Entity or Employee do to cause this Loss, Damage or Injury?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use Back of this form or separate sheet if necessary to answer this question in detail)

**What are the Names of the Entity's Employees who caused this Injury, Damage or Loss (if known)?**

\_\_\_\_\_  
\_\_\_\_\_

**What specific Injuries, Damages or Losses did Claimant receive?** \_\_\_\_\_

\_\_\_\_\_

(Use Back of this form or separate sheet if necessary to answer this question in detail)

What amount of money is claimant seeking, or if amount is in excess of \$10,000, which is the appropriate court of jurisdiction. Note: If Superior and Municipal Courts are consolidated, you must represent whether it is a "limited civil case" [see Government Code 910(f)]

\_\_\_\_\_  
\_\_\_\_\_

(Use back of this form or separate sheet if necessary to answer this question in detail)

**How was this amount calculated (please itemize)?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Use back of this form or separate sheet if necessary to answer this question in detail)

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

**If signed by Representative:**

**Representative's Name:** \_\_\_\_\_

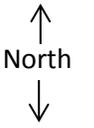
**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Relationship to Claimant:** \_\_\_\_\_

# DIAGRAMS

General Diagram



Street Incidents

