

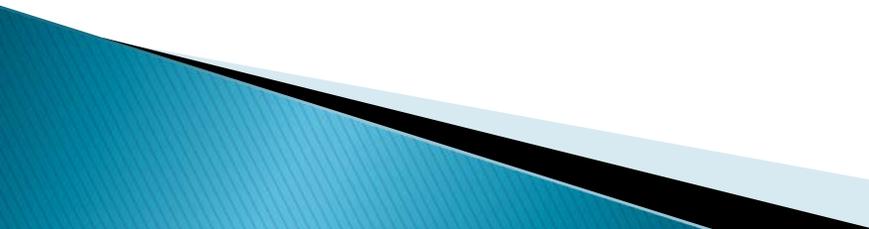
Claims Against the City of San Diego Process

Environment Committee
October 7, 2015

Public Liability Division

- ▶ The Public Liability Division administers claims and monitors lawsuits presented against the City of San Diego.
 - ▶ Claims are administered in accordance with the California Government Code.
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Contact Information

- ▶ By Phone: (619) 236-6670
 - ▶ Online: www.sandiego.gov/riskmanagement/
 - ▶ By Fax: (619) 236-6106
 - ▶ By E-Mail: riskmanagement@sandiego.gov
 - ▶ Address: 1200 Third Avenue Suite 1000
San Diego, CA 92101
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Finding Claim Form Online

- ▶ Access Risk Management website at <http://www.sandiego.gov/riskmanagement/> and click the *Liability Claim Form* link

Information | Leisure | Services A-Z | Visiting

Risk Management

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RISK MANAGEMENT
City Center Plaza
1200 Third Ave, Suite 1000
San Diego, CA 92101
Phone: (619) 236-7300
Fax: (619) 236-6106
Email: riskmanagement@sandiego.gov

WELCOME TO RISK MANAGEMENT
Our mission is to effectively prevent, control, and minimize the City's financial risk while providing optimum services to the City's employees and its citizens through the centralized administration of healthcare, safety, loss control, employee benefit, and other risk management programs.

EMPLOYEE BENEFITS
SAFETY & ENVIRONMENTAL HEALTH
PUBLIC LIABILITY
WORKERS COMPENSATION

CLAIM AGAINST THE CITY OF SAN DIEGO
City of San Diego, Risk Management
1200 Third Ave, Suite 1000, San Diego, CA 92101

LIABILITY CLAIM FORM | **MEDICAL PROVIDER NETWORK (MPN)** | **WORKERS COMPENSATION** | **ORGANIZATIONAL CHART**
PUBLIC LIABILITY | **MAP OF OCCUPATIONAL MEDICAL CLINICS (PDF)** | **EMPLOYEE BENEFITS** | **CUSTOMER SURVEY FORM**

| Risk Management Home | About Us | Services |
| Contact Us | Resources And Related Links

Finding Claim Form Online

- ▶ Click the *Claim Against the City of San Diego Form (RM-9)* link

The Public Liability and Loss Recovery Division administers a self-insured program for public liability (tort) risks, which is supplemented by purchased excess liability insurance. The division supports: investigation and settlement of all claims arising from the City's operation as a municipality; services to citizens and special event promoters to ensure the public's interests are protected with appropriate insurance; selection and purchase of all risk and excess liability insurance; and investigation and recovery of damages to City assets caused by individuals and corporate entities.

The following, non-exclusive, listing reflects examples of the types of claims that can be filed against the City:

- Automobile accidents involving a City vehicle
- Water main breaks and flooding
- Sewer main back-ups and flooding
- Tow away
- Trip and falls

Liability Claim Form

Any claim against the City must be made in writing using the [Claim Against the City of San Diego Form \(RM-9\)](#) (PDF) and be completed in accordance with California Government Code sections 900-915.4. Most claims must be presented to the Risk Management Department no later than six months after the date of the incident or event. The claim form must be accurately completed, printed, signed by the claimant and mailed or personally presented in hard copy format to: City of San Diego, Risk Management Dept., [1200 Third Avenue](#), Suite 1000, San Diego, CA 92101.

Please allow 45 days for the Risk Management Department, Public Liability Division, to process and investigate your claim. Please be advised that the City is prohibited from providing legal advice. Claimants should consult an attorney as necessary.

After the claim has been received by our office:

1. An investigation will be conducted. Claims are usually processed within 45 days after receipt by our office. When filling out the form, please be as accurate as possible to expedite the investigation process.
2. Provide written justification for the amount of loss indicated on the form:
 - Property damage claims require an estimate and photographs of the damage.
 - Personal injury claims should be accompanied by unaltered copies of bills from treating physician(s) or other expenses incurred from the injury sustained.

Information requested by the Public Liability Division does not guarantee that your claim has been accepted for payment nor does it mean that the City accepts liability. Any information provided will be evaluated as part of the investigative process.

City of San Diego Claim Form



CLAIM AGAINST THE CITY OF SAN DIEGO (FOR DAMAGES TO PERSONS OR PERSONAL PROPERTY)

Present claim by personal delivery or mail to the City of San Diego, Risk Management Dept., 1200 Third Ave., Suite 1000, San Diego, CA 92101.

Received via:

- U.S. Mail
 Inter-Office Mail
 Over-the-Counter

TIME STAMP

FILE No. _____

TO THE HONORABLE MAYOR AND CITY COUNCIL, the City of San Diego, California

I, _____, hereby make a claim against the City of San Diego and make the following statements in support of the claim:

1. CLAIMANT INFORMATION

- a. Claimant's Name: _____
b. Post Office Address of Claimant: _____

(CITY) (STATE) (ZIP)
c. Claimant's Home Phone No.: _____
d. Claimant's Business Phone No.: _____
e. Post Office address to which the person presenting the claim desires notices to be sent, if different than above: _____

f. Social Security No.: _____
g. Date of Birth: _____
h. Driver's License No.: _____

2. CIRCUMSTANCES GIVING RISE TO THE CLAIM

- a. Date of the occurrence or transaction which gave rise to the claim: _____
b. Time of the occurrence or transaction which gave rise to the claim: _____
c. Place of occurrence or transaction (please be specific): _____

RM-9 (Rev. 12-10) This information is available in alternative formats upon request

- d. Other circumstances of the occurrence or transaction giving rise to the claim: _____

3. DESCRIPTION OF CLAIM

- a. General description of the indebtedness, obligation, injury, damage or loss incurred:

- b. The name or names of the public employee or employees causing the claimant's injury, damage, or loss, if known, are: _____

- c. Damages [please choose one]:
 The amount claimed is less than \$10,000.
The amount of the claim as of the date of this claim is \$ _____. This figure is based on the following: _____

 The amount claimed is more than \$10,000.
Please state if the claim would be a limited civil case¹. _____
- d. Please provide any additional information that might be helpful in considering your claim, including names of witnesses, treating physicians, and hospitals: _____

- e. Please attach and/or provide any additional information that may be helpful in considering your claim including proof of damages such as invoices, receipts, and estimates.

WARNING: It is a criminal offense to file a false claim (Cal. Penal Code § 72).

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.

Dated: _____

Signature of Claimant or Person Acting On Behalf
of Claimant

¹ Limited civil cases are discussed in California Code of Civil Procedure § 85.

RM-9 (Rev. 12-10) This information is available in alternative formats upon request

Claims Filing

- ▶ Claims are received by:
 - Mail
 - Hand delivered (walk-ins)
 - Fax
 - E-mail
- 

Sufficiency of Claims

- ▶ Basic requirements are set forth in Gov. Code §§ 910–910.8.
 - Claim must be in writing, signed by claimant or representative, and identify claimant and claimant's post office address.
 - Must specify date, place, and circumstance giving rise to claim.
 - Must generally describe nature of injury, damage, or loss.
 - Must identify public employee, if known, who caused injury, damage, or loss.
 - Must identify estimated amount of claim, if below \$10,000.

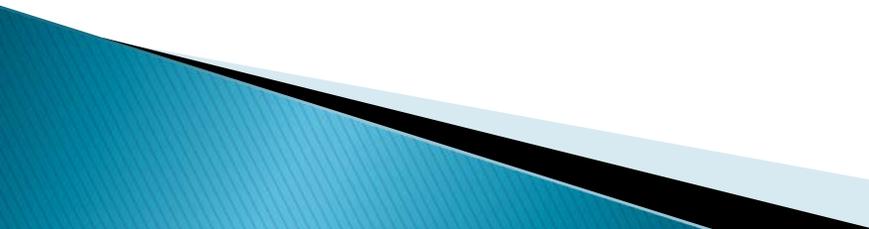
Statutory Time Limits

- ▶ Claims relating to causes of action for death, injury to person (including infliction of emotional distress), injury to personal property, and injury to growing crops must be filed within six months after cause of action accrues. Gov. Code § 911.2(a).
- ▶ Claims relating to any other cause of action (e.g., damage to real property, most actions for breach of contract) must be filed within one year after cause of action accrues. Gov. Code § 911.2(a).
- ▶ No Claims requirement for actions asserting federal claims or violation of federal civil rights.

Statutory Limits (cont.)

- ▶ Public entity must act on claim within 45 days after claim has been presented by rejecting claim, allowing it, or offering compromise; inaction is deemed rejection. Gov. Code §§ 912.4(a), 912.6.
 - If public entity denies the claim , then claimant has only six months after entity's notice to file a lawsuit.
 - if inaction, then claimant has two years after accrual of cause of action to a file lawsuit Gov. Code § 945.6(a).

Assignment of a Claim

- ▶ Claims are assigned to a Claims Representative for handling.
 - ▶ The Claims Representative may:
 - Conduct an on-site inspection
 - Take photographs
 - Take a statement
 - Request additional pertinent information from claimant
 - ▶ The Claims Representative will:
 - Reach out to the City Department to assist in the investigation of the claim and may seek the advice of the Office of the City Attorney.
 - ▶ Once the investigation is completed the City will inform the claimant of the outcome.
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