

CLAIM FILING PROCEDURES

1. Please read this instruction sheet carefully before completing the claim form. Then fill out the claim form as completely as possible. **Incomplete forms may delay the processing of your claim.**
2. You have **six (6) months** from the date of the accident or occurrence to file a claim for personal injury or damage to personal property. After the 6-month filing period has expired, you must petition the City Attorney by letter for permission to file a late claim, explaining why the claim is late and why it should be accepted.
Please file all claims with **City Clerk's Office, City of Berkeley, 2180 Milvia St., 1st Fl., Berkeley, CA 94704**. Claims are not accepted via electronic or facsimile transmission.
3. After receipt of your claim and a subsequent investigation of the incident, your claim may either be allowed or rejected. You will be informed of the City's decision by mail usually within **forty-five (45) days** from the filing date of the claim.
4. **TOW CLAIMS.** With regard to tow claims:

(1) **In some cases, you may elect to leave your car at the towing company and request a tow hearing before the Berkeley Police Department's Traffic Bureau Supervisor or one of his/her designee.** California Vehicle Code Section 22852 provides that the request for a tow hearing must be made within 10 days of the date on the "NOTICE OF STORED VEHICLE" form mailed by the Police Department. The tow hearing will be scheduled within 48 hours of the request, excluding weekends and holidays.

Tow hearings must be requested at the Police Department's Traffic and Parking Bureau, located at 125 University Avenue, Berkeley, CA 94710, weekdays, except holidays, between 8:00 a.m. and 4:30 p.m. Phone: (510) 981-5980.

The purpose of the hearing is to determine the validity of the tow and storage. If the Traffic Supervisor or his/her designee determines that the tow was not justified, your vehicle will be released to you without charge. If the Traffic Bureau Supervisor or his/her designee determines that the tow is valid, you will be liable for towing charges plus the additional storage charges.

(2) **In all cases, you may pay the tow fee**, which will release your car from the towing company, and then file a claim for reimbursement of the tow fee (and reasonable storage fees). **You must attach a copy of the paid tow and storage receipt.** Unreasonably excessive storage fees may be subject to denial.

Claims for reimbursement of towing costs must be filed within six (6) months of the date of the tow, and all of the above procedures (Numbers 1-3) also apply.

PLEASE NOTE: If you choose to follow procedure 4(2), the dismissal or waiver of a related parking citation does not guarantee reimbursement of towing and storage fees by the City.

YOU MAY NOT CLAIM REIMBURSEMENT FOR A PARKING CITATION in connection with or as part of, a tow claim; this is a separate matter and must be handled through the Parking Citation Center.

PROCEDURES FOR CONTESTING A PARKING CITATION ARE PRINTED ON THE BACK OF YOUR CITATION and are available at

https://prdwmq.etimspayments.com/pbw/include/berkeley/dispute_request.jsp

If you have any questions, you may contact the City Attorney's Office at (510) 981-6998.

CLAIM AGAINST THE CITY OF BERKELEY

CLAIMANT'S NAME: _____

CLAIMANT'S COMPLETE ADDRESS: _____

SEND NOTICES TO: _____

(Include complete name and address of Attorney or Insurance Agent if representing Claimant.)

TELEPHONE NUMBER(S): _____

DATE OF ACCIDENT/INCIDENT: _____ TIME: _____ DAY OF WEEK: _____

DATE OF INJURIES, DAMAGES OR LOSSES: _____

LOCATION WHERE INCIDENT OCCURRED: _____
(Be specific. Draw diagram or give nearest street address.)

HOW DID THE ACCIDENT/INCIDENT OCCUR: _____

DESCRIBE INJURY OR DAMAGE: _____
(Be specific as to what caused the injury or damage.)

NAME OF PUBLIC EMPLOYEE(S) OR CITY DEPARTMENT BELIEVED TO BE INVOLVED: _____

IF APPLICABLE, DATE REPORTED TO POLICE DEPARTMENT: _____ REPORT NO.: _____

NAME OF CITY DEPARTMENT REPORTED: _____ DATE: _____

DOLLAR AMOUNT OF CLAIM IF UNDER \$10,000, OR IF OVER \$10,000 THEN NAME OF THE COURT JURISDICTION
(Limited Jurisdiction case: up to \$25,000; Unlimited Jurisdiction case: over \$25,000) (See Govt. Code section 910(f)):

HOW WAS THIS AMOUNT CALCULATED: _____

You are required to provide the information requested above in order to comply with Government Code section 910. Additionally, in order to conduct a timely investigation and possible resolution of your claim, the City requests that you answer the following questions.

Claimant(s) Date(s) of Birth: _____

Names, address and telephone number of any witnesses to the occurrence or transaction which gave rise to the claim asserted:

If the claim involves medical treatment for a claimed injury, please provide the name, address and telephone number of any doctors or hospitals providing treatment:

If the claim involves medical treatment, please state whether the Claimant received any treatment through Medicare or SSDI.

If applicable, please attach any medical bills or reports or similar documents supporting your claim.

If the claim relates to an automobile accident:

Claimant(s) Auto Ins. Co: _____ Telephone No.: _____

Address: _____

Insurance Policy No.: _____

Insurance Broker/Agent: _____ Telephone No.: _____

Address: _____

Claimant's Vehicle Lic. No.: _____ Vehicle Make/Year: _____

Claimant's Drivers Lic. No.: _____ Expiration: _____

(If applicable, please attach any repair bills, estimates or similar documents supporting your claim.)

(If additional space is needed to provide your information, please attach sheets, identifying the paragraphs(s) being answered.)

Warning: Presentation of a false claim is a felony (Penal Code section 72). Pursuant to CCP sections 128.5 and 1038, the City may seek to recover all costs of defense in the event an action is filed which is later determined not to have been brought in good faith and with reasonable cause.

MAIL TO: City Clerk's Department, City of Berkeley, 2180 Milvia St., 1st Fl., Berkeley, CA 94704: (510) 981-6950

If this is a claim for a tax refund or a seismic work transfer tax rebate, it must be filed directly with the Finance Dept. at 1947 Center St., 1st Fl., Attn: Revenue Collection, Berkeley, CA 94704, not with City Attorney Dept.

Dated: _____

Signature of Claimant

Printed Name