

**California Tort Claim for Damages or Personal Injury  
(See Government Code Section 910)**

To be filled out by claimant or claimant's legal representative

**To:** Housing Authority of the County of San Joaquin

**You are hereby notified that:**

**Claimant(s) name(s):** \_\_\_\_\_

**Claimant(s) address (es):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Date of incident:** \_\_\_\_\_

**Description Of Incident:**

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

**Description of injury(s), damages or loss:**

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

**Name of employee(s) causing damage or injury:** \_\_\_\_\_

**Development name (if Applicable):** \_\_\_\_\_

**Specific location of incident:** \_\_\_\_\_  
Please use nearest cross streets or unit number

**Amount of damages and basis of calculation:** \_\_\_\_\_

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

**(Be as specific as possible attaching any receipts or appraisals)**

**All communications regarding this claim should be sent to:**

**Name:** \_\_\_\_\_

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

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

**CLAIM AGAINST THE  
HOUSING AUTHORITY**  
**(Pursuant to Government Code §910.4)**

NOTICE: All claims must be presented to the \_\_\_\_\_ Housing Authority in accordance with Government Code §915.4. If you need assistance in completing this form, contact legal counsel. \_\_\_\_\_ employees are not allowed to provide legal advice. Attach additional pages as needed.

**CLAIMANT INFORMATION**

1. Name of Claimant \_\_\_\_\_
2. Mailing Address of Claimant  
\_\_\_\_\_  
Address City State Zip
3. Mailing Address where notices are to be sent (if different than mailing address of claimant):  
\_\_\_\_\_  
Address City State Zip
4. Telephone Number of Claimant: \_\_\_\_\_
5. If Claimant is a minor what is the claimant's relationship to the person completing this form? \_\_\_\_\_

**REPRESENTATIVE INFORMATION**

6. Name of Attorney \_\_\_\_\_
7. Mailing Address of Attorney  
\_\_\_\_\_  
Address City State Zip
8. Telephone Number of Attorney \_\_\_\_\_

**CLAIM INFORMATION**

9. Incident Date: \_\_\_\_\_
10. Location of Incident (If applicable, include street address, nearest unit number, highway number, milepost number, or direction of travel)  
\_\_\_\_\_  
\_\_\_\_\_
11. Explain the circumstances that led to the alleged damage or injury: (State all facts that support your claim and why you believe the housing authority is responsible for the alleged damage or injury. If more space is needed, continue on a separate page).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Provide a general description of the specific damage, injury, indebtedness, obligation, or loss incurred so far as it may be known at the time of presenting claim.

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13. Dollar Amount of Claim: (if less than \$10,000) as of the date of presenting the claim. (Include the estimated amount of any prospective injury, damage, or loss, insofar as it may be known when the claim is presented). \$ \_\_\_\_\_

14. If the amount claimed exceeds \$10,000, no dollar amount shall be included in the claim. However, please indicate whether the claim would be a limited civil case.  Yes  No (Under \$25,000)

15. Name(s) of \_\_\_\_\_ employees causing injury, damage or loss, if known

**CLAIMS INVOLVING MOTOR VEHICLES**

16. Insurance Information (complete if claim involves motor vehicle). Has the claim for the alleged damage/injury been filed (or will be filed) with your insurance carrier.  Yes  No

17. Name of Insurance Carrier and Telephone Number (including area code)

Name		Telephone Number	
Address	City	State	Zip

18. Policy Number: \_\_\_\_\_

19. Are you the registered owner? Yes  No

20. Amount of Deductible: \$ \_\_\_\_\_

21. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

**Section 72 of the Penal Code provides that a person found guilty of submitting a fraudulent claim may be punished by imprisonment in the County Jail or State Prison, and/or by the imposition of a fine up to \$10,000.00.**

**Signature of Claimant, or person legally authorized to submit this claim on your behalf.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Person Completing Claim

Submit Claim to:  
\_\_\_\_\_ Board of Commissioners  
Att: Secretary  
[Address]