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City of San Carlos

City Claim Form for all Persons or Property

MAIL TO: **CITY OF SAN CARLOS**
ATTN: Crystal Mui, City Clerk
600 Elm Street
San Carlos, CA 94070-1309

1. CLAIMS FOR DEATH, INJURY TO PERSON, OR TO PERSONAL PROPERTY MUST BE FILED NOT LATER THAN SIX (6) MONTHS AFTER THE OCCURRENCE (GOV'T. CODE, SEC. 911.2).

2. CLAIMS FOR DAMAGES TO REAL PROPERTY MUST BE FILED NOT LATER THAN ONE YEAR AFTER THE OCCURRENCE (GOV'T. CODE SEC. 911.2).

3. ATTACH SEPARATE SHEETS, IF NECESSARY TO GIVE FULL DETAILS.

NAME OF CLAIMANT: John Hickey

CLAIMANT'S ADDRESS: [redacted]
Street Apt. No City State Zip

EMAIL: [redacted]

HOME PHONE: [redacted] CELL PHONE: _____ WORK PHONE: _____

ADDRESS WHERE NOTICES SHOULD BE SENT IF DIFFERENT FROM ABOVE:

Name Street Apt. No City State Zip

EMAIL IF DIFFERENT FROM ABOVE: _____

AMOUNT OF CLAIM $ $420 Kaiser ER charge plus ambulance co-pay (ATTACH COPIES OF BILLS/ESTIMATES)

IF AMOUNT CLAIMED IS MORE THAN $10,000, INDICATE WHERE JURISDICTION RESTS:

LIMITED CIVIL CASE _____ UNLIMITED CIVIL CASE _____

DATE OF INCIDENT: 02/15/2024 TIME: 04:30 PM

LOCATION OF INCIDENT: Crosswalk at Laurel and San Carlos going to The UPS Store. See photo.

DESCRIBE THE INCIDENT OR ACCIDENT INCLUDING YOUR REASON FOR BELIEVING THAT THE CITY IS LIABLE FOR YOUR DAMAGES

In the afternoon around 4 PM on 02/15/2024, I was carrying a large, but lightweight box, to the UPS Store on San Carlos Avenue when I tripped and fell. A defect in the crosswalk was the culprit. See attached photo.

DESCRIBE ALL DAMAGES WHICH YOU BELIEVE YOU HAVE INCURRED AS A RESULT OF THE INCIDENT

Lacerations to ring and pinky fingers of both hands requiring 6 stitches and an overnight stay in Kaiser Hospital.

NAME(S) OF PUBLIC EMPLOYEE(S) CAUSING THE DAMAGES YOU ARE CLAIMING:

WERE POLICE AT SCENE? YES_____ NO X

DATED: March 3, 2024 SIGNED: [redacted]

ANY PERSON WHO, WITH INTENT TO DEFRAUD, PRESENTS ANY FALSE OR FRAUDULENT CLAIM MAY BE PUNISHED BY IMPRISONMENT OR FINE OR BOTH.