

# CLAIM FOR DAMAGES

(Government Code § 910 and following)

## INSTRUCTIONS

- Claims may be barred if not filed within the time limits under the California Government Code.
- Answer all items fully to the best of your knowledge and information.
- Attach separate sheets as necessary to provide full details – SIGN EACH SHEET.
- RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS.
- Provide a self-addressed stamped envelope for return of a copy of your claim.
- The Air District cannot give you any legal advice.
- Claims sent by fax or email will not be accepted as valid claims.

PLEASE FILE CLAIM WITH: Bay Area Air Quality Management District Clerk of the Boards  
375 Beale Street, Suite 600  
San Francisco, CA 94105  
[mhiratzka@baaqmd.gov](mailto:mhiratzka@baaqmd.gov)

Reserved for Filing Stamp

File No.

INITIAL CLAIM

AMENDED CLAIM

1. Claimant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

2. Claimant's Home Address: \_\_\_\_\_  
Number Street Apt. No. City State Zip Code

3. Mailing Address if Different: \_\_\_\_\_  
Number Street Apt. No. City State Zip Code

4. Home Phone: \_\_\_\_\_ 5. Occupation: \_\_\_\_\_

6. Date of Incident: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ A.M. P.M.  
Month/Day/Year

7. Location of Incident: \_\_\_\_\_  
Please be as exact as possible and include street name, nearest cross street, or address and city where incident took place.

8. Describe the incident which resulted in this claim being made:

---

---

---

9. Describe all injuries/damages caused by this incident:

---

---

---

10. List the names and addresses of all doctors, hospitals, and healthcare providers who treated the claimant for injuries described in item number 10 if applicable:

---

---

---

11. Did any previous medical problem affect the same areas of the claimant's body that were injured in this incident? Yes No  
If yes, please explain.

---

---

SEE PAGE 2 TO COMPLETE

12. If the total amount claimed is less than \$10,000, enter the amount claimed here: \_\_\_\_\_

Is the amount claimed more than \$35,000?      Yes      No

13. How were the claimant's damages determined? (Please include copies of all receipts and/or bills)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. If the claimant was the owner of a vehicle involved in this incident, please attach copies of the following:  
a) Two (2) detailed estimates for auto repair      b) Current registration and/or proof of ownership      c) Proof of Insurance

15. What did the Air District or its employee(s) do, or fail to do, that caused this damage or injury:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. List the name, address, email and telephone number of all witnesses to this incident:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Please provide any additional information you believe might be helpful to the Air District in considering this claim:  
\_\_\_\_\_  
\_\_\_\_\_

18. All notices and communications with regard to this claim will be directed to the Claimant listed in lines 1 and 2 on the other side of this form, unless you complete the following to identify to whom further communications should be directed:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_  
Claimant's Printed Name                                  Claimant's Signature                                  Date Signed

(Note: If the claim by someone on behalf of the claimant, the person making the claim on behalf of the claimant must sign below.)

\_\_\_\_\_  
Printed Name of Person acting on behalf of the Claimant      Signature of Person acting on behalf of the Claimant      Date Signed

**Government Claim Form PII Collection Notice Paragraph**

The Bay Area Air District hereby provides notice of the potential collection of personal information through these forms, as required under the Information Practices Act. The Legal Division of the Air District is collecting this information under Gov't Code § 910 et seq. This information will be used for the evaluation and processing of alleged claims against the Air District. The submission of this information is mandatory under the Government Claims Act; if the information is not disclosed, the claim will not be evaluated and may not be legally viable. The responsible agency official for this information is John Chiladakis, Chief Technology Officer (415-749-4750) and members of the public may request access to this data by contacting the responsible official.

**WARNING: PRESENTATION FOR ALLOWANCE OR PAYMENT OF A FALSE OR FRAUDULENT CLAIM, WITH INTENT TO DEFRAUD, IS A CRIME PUNISHABLE UNDER CALIFORNIA PENAL CODE, SECTION 72.**