

CLAIM AGAINST CITY OF FOSTER CITY

610 Foster City Blvd., Foster City, CA 94404

Please return to: Risk Manager

COMPLETE THE FOLLOWING, ADDING ADDITIONAL SHEETS AS NECESSARY

1. CLAIMANT'S NAME (Print):

2. CLAIMANTS ADDRESS:

(Street or P.O. Box Number – City – State – Zip Code)

3. AMOUNT OF CLAIM \$ 7,502.85 HOME PHONE:

(Attach copies of bills/estimates)

WORK PHONE:

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

Limited Civil Case \_\_\_\_\_

Unlimited Civil Case \_\_\_\_\_

4. ADDRESS TO WHICH NOTICES ARE TO BE SENT,  
IF DIFFERENT FROM LINES 1 AND 2 (Print):

(Name)

(Street or P.O. Box Number)

(City – State – Zip Code)

5. DATE OF INCIDENT: 3/2/2023 TIME OF INCIDENT: 2:50 PM

LOCATION OF INCIDENT: Foster City Corp Yard - 3470 East  
Third Ave, Foster City

6. DESCRIBE THE INCIDENT OR ACCIDENT INCLUDING YOUR REASON FOR BELIEVING THAT THE  
CITY IS LIABLE FOR YOUR DAMAGES: City vehicle backed into our

parked vehicle. Foster City PD report # 2023-0291.

7. DESCRIBE ALL DAMAGES WHICH YOU BELIEVE YOU HAVE INCURRED AS RESULT OF THE  
INCIDENT: our 2015 Toyota Prius has damage down  
the passenger side of vehicle.

8. NAMES(S) OF PUBLIC EMPLOYEE(S) CAUSING THE DAMAGES YOU ARE CLAIMING:

- listed on police report  
4-11-2023

Date

Any person who, with intent to defraud, presents any false or fraudulent claim may be punished by imprisonment or fine or both.

**Note: You must file a claim in compliance with Government Code Section 911.2.**