

CLAIM FOR DAMAGES

◆◆◆ PLEASE READ INSTRUCTIONS ON OTHER SIDE FIRST ◆◆◆

For Official Use Only

Name of Claimant: _____
(First Name) (Middle Initial) (Last Name)

Home Address: _____ Date of Birth: _____

City, State, Zip _____ Soc. Security # _____

Daytime () _____ Evening () _____ Cell/pager () _____ CA Driver's Lic# _____

Type of Loss: Personal Injury Other: _____ Police Report # _____
 Property Damage Indemnity-Date complaint served _____

When did injury or damage occur? _____ AM/PM
(Month/Day/Year) (Day of Week) (Time)

Where did injury or damage occur? (Street address, intersecting streets, or other location)

How did injury or damage occur? (Describe accident or occurrence)

What action or inaction of School employee(s) caused your injury or damage (if known)?

What injury or damage did you suffer?

Name of any witnesses

(Name) (Address) (Phone Number)

(Name) (Address) (Phone Number)

Name of School District employee(s) involved?

Is Total Amount of Claim Greater than \$10,000 Yes ___ No ___ If YES, is this a Limited Civil Case Yes ___ No ___

If NO, state the amount claimed: Personal Injury \$ _____ Property Damage \$ _____ Other \$ _____

NOTE: Please attach copies of supporting documentation for the amounts claimed.

If claim relates to an automobile accident, please answer the following - ATTACH PROOF OF INSURANCE:

Please check here if there was no insurance coverage in effect at time of incident

Insurance policy # _____ Insurance Company _____

Insurance Broker/Agent: _____

Address: _____ Phone () _____

ALL NOTICES AND/OR COMMUNICATIONS SHOULD BE SENT TO:

Name (Mr./ Mrs./ Ms.) _____ Daytime Phone () _____

Address (Street, City, State, Zip) _____

Warning: California State Law generally requires that most claims against a public entity, such as the School District, be presented within **SIX (6) MONTHS** from the date of the action or incident giving rise to the claim. Certain other claims must be filed within **ONE (1) YEAR** from the action or incident. You should check the Government Code to determine what presentation period applies in your case.

Signature

Relationship (self, attorney, guardian, etc.)

Date

CLAIM FOR DAMAGES

INSTRUCTIONS

On the reverse side of the sheet is a claim form CCFORM 6: Claim against the School District. The original and one identical copy of this form, together with one copy of all attachments, are to be filed with the District Office. Retain one copy for your records. Please send to this address:

TO: GOVERNING BOARD

Barstow Unified School District
School District

551 South Avenue H
Street Address

Barstow
City

CA
State

92311
Zip

NOTICE: The District Office is the **ONLY** office to which claims may be submitted.

Please fill out claim form completely. Additional sheets may be attached if more space is needed. Missing information may delay the processing of your claim. Please print.

PROCEDURES

Claims received by the District Office are forwarded to the District's Claims Administrator. All claimants are then notified that action will be taken within 45 days, or otherwise notified as to the claim itself.

If recommended for denial by the Administrator, your claim will then be submitted to Southern California Schools Risk Management (SCSRM) for final, official rejection. You will be sent a letter from SCSRM notifying you of the action taken and of any further action necessary or available to you.

**** All claims are public record. ****