



VICTOR VALLEY UNION HIGH SCHOOL DISTRICT

CLAIM FOR DAMAGES

PLEASE READ THE INSTRUCTIONS ON THE OTHER SIDE OF THIS FORM BEFORE COMPLETING THE FOLLOWING INFORMATION

Claimant Information

Name of Claimant \_\_\_\_\_ Date of Birth \_\_\_\_\_

If person other than Claimant is filing, Name of person correspondence should be sent to: \_\_\_\_\_

Mailing Address \_\_\_\_\_
Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Evening/Cell Phone (\_\_\_\_) \_\_\_\_\_

SSN \_\_\_\_\_ CA Diver's License # \_\_\_\_\_

Type of Loss

- Personal Injury, Property Damage, Indemnity, Other

Date/Day/Time of Injury or Damage

Date \_\_\_\_\_ Day of the Week M T W Th F Sat Sun (Circle One)
Time of Day \_\_\_\_\_ AM/PM

Was a Police Report filed? YES NO If YES, what is the Police Report # \_\_\_\_\_

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

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

Name of school district employee(s) involved:

What action or inaction of school employee(s) caused your injury or damage?

What specific injury or damage did you suffer?

Witness Information

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Is the Total Amount of Claim Greater than \$10,000? YES NO If YES, is this a Limited Civil Case? YES NO

If Claim is less than \$10,000, state the amount claimed: Personal Injury \$ \_\_\_\_\_ Property Damage \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

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

Automobile Accidents and Claims

ATTACH YOUR PROOF OF INSURANCE

Was your automobile insurance in effect at the time of the accident? YES NO

Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

Broker/Agent \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Relationship (Self, Attorney, Etc.) \_\_\_\_\_

Date \_\_\_\_\_

WARNING: California State Law generally requires that most claims against a public entity, such as a 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 to your case.



## VICTOR VALLEY HIGH SCHOOL DISTRICT CLAIMS FOR DAMAGES

### **INSTRUCTIONS:**

On the reverse side of this sheet is form "CCFORM 6: VICTOR VALLEY UNION HIGH SCHOOL DISTRICT CLAIM FOR DAMAGES". The original Claim for Damages form and all required documents must be filed with the District Office. Retain a copy for your records.

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

Please fill out the claim form completely. Missing information may delay the processing of your claim. If you require additional space, attach a separate sheet of paper allowing you to continue your statement. Please PRINT clearly.

Please mail your claim to:

VICTOR VALLEY UNION HIGH SCHOOL DISTRICT  
BUSINESS SERVICES  
16350 MOJAVE DRIVE  
VICTORVILLE, CA 92395

### **PROCEDURES:**

Claims received by the District Office are forwarded to the District's Claims Administrator. Notification of claim status will be provided to the claimant within 45 days.

If recommended for denial by the Administrator, your claim will be submitted to the District Office for final, official rejection. You will be sent a letter from the District Office or their designees, notifying you of the action taken and of any further action necessary or available to you.

\*\*\*\*\*ALL CLAIMS ARE PUBLIC RECORD\*\*\*\*\*

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