

# 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:

Victor Elementary School District, Administrative Services  
School District

12219 Second Ave.                      Victorville                      CA                      92395  
Street Address                              City                              State                              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 the District Office for final, official rejection. You will be sent a letter from the District Office or their designee, notifying you of the action taken and of any further action necessary or available to you.

*\*\*\* all claims are public record \*\*\**