CLAIM FOR DAMAGES TO PERSON OR PROPERTY

To: TORRANCE UNIFIED SCHOOL DISTRICT

1. Claims for money or damages relating to a cause of action for death or for injury to person, personal property, or growing crops shall be presented to the Governing Board not later than six months after accrual of the cause of action. (Government Code 905, 911.2)

2. Claims for money or damages as authorized in Government Code 905 and not included in item #1 above, including claims for damages to real property, shall be filed not later than one year after the accrual of the cause of action. (Government Code 905, 911.2)

PLEASE READ INSTRUCTIONS ON THE LAST PAGE FIRST

Name of Claimant(s): _____ Date of Birth: _____

Home Address: _____
(Address, City, State & Zip Code)

Address to Send Notifications: _____
(If Different than Home Address – Address, City, State & Zip Code)

Phone Number: _____ _____
Daytime Evening

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

WHERE did damage or injury occur? (Street Address, Intersecting Streets, or other location) _____

_____

HOW and under what circumstances did damage or injury occur? (Describe accident or occurrence) _____

_____

_____

WHAT particular action by the school or any of its employees caused the alleged damage or injury? (Include names of employees, if known)

_____

_____

DESCRIBE the specific damage or injury_____

_____

STATE the amount of the claim $_____.

Include the estimated amount of any prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed:

_____

_____

If the amount is more than $10,000, or no dollar amount will be stated, please indicate the type of civil case:
Limited civil case ($25,000 or less) Unlimited civil case (over $25,000)

NAMES, addresses, phone numbers of Witnesses, Doctors, and Hospitals:

_____

_____

1. Claimant(s) Social Security Number(s): _____
2. Claimant(s) Date of Birth: _____
3. Claimant(s) Driver's License Number and State: _____
4. If the claim involves a motor vehicle incident, please provide the following information:

   Claimant(s) Insurance Company: _____

   Insurance Policy No: _____

   Are you the registered owner of the vehicle? _____ If no, state name of owner: _____

   Insurance Agent and Telephone Number: _____

   Claimant's Vehicle Information (Year, Make, Model, and License Plate Number: _____

   _____

   Have you received any payment for this damage or injury? _____

   If yes, what amount did you receive? _____

5. If this claim involves medical treatment for a claimed injury, please provide the name, address and telephone number of any doctors, hospitals, or other medical providers providing treatment. (Government Code § 985).

   _____

   _____

   _____

6. Additionally, please provide the name, address, and telephone number of any insurance company (or similar entity), that has or is expected to make payments to you or any medical provider on your behalf as a result of your claimed injuries (e.g., Medi-Cal, unemployment insurance, disability insurance, etc.). (Government Code § 985(c).).

   _____

   _____

NOTICE: Section 72 of the California Penal Code provides: Every person who, with intent to defraud, presents for payment to any school district any false or fraudulent claim, is guilty of a crime up to a felony punishable by $10,000 fine and/or one year imprisonment.

I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct to the best of my knowledge and belief

_____ _____

Signature of Claimant or person filing on claimant's behalf Date

_____

Print Name of person signing and relationship to claimant

CLAIM AGAINST THE TORRANCE UNIFIED SCHOOL DISTRICT

INSTRUCTIONS:

Please complete and send an ORIGINAL and one copy to the Torrance Unified School District. Claim must be MAILED or physically delivered. The ORIGINAL, together with one copy of any attachments, is to be filed with the Business Services Office. Please send to this address:

Torrance Unified School District
Business Services Office/Risk Management
2335 Plaza Del Amo
Torrance, Ca 90501

"The claim, amendment, application, or notice shall be deposited in the United States post office, a mailbox, sub-post office, substation, mail chute, or other similar facility regularly maintained by the government of the United States, in a sealed envelope, properly addressed, with postage paid." Cal. Gov. Code § 915.2

NOTICE:

The Business Services Office is the ONLY office to which claims may be submitted. Claims are NOT to be sent to any other district department, location, or emailed.

Attach and include, with the "Claim for Damages to Person or Property", any bills for medical treatment or expenses/estimates for personal property damage.

Please fill out the claim form as instructed. Missing information will delay the processing of your claim. Please Print.

PROCEDURES:

If no action is taken on your claim within the time established by government code your claim will be deemed denied. (Government Code § 912.4(c).).

If an action is taken on your claim, you will be sent a letter notifying you of the action taken and any further action necessary or available to you.