

PLEASE SEND AN ORIGINAL SIGNATURE CLAIM TO:

TRUSD/BUSINESS SERVICES

Attn: Greg Rash

3222 Winona Way

North Highlands, CA. 95660

### CLAIM FOR DAMAGES

**NOTE:** If the occurrence happened on January 1, 1988, or after this date, then a claim for bodily injury or death, damage to personal property, or damage to growing crops must be filed not later than six months after the occurrence out of which the claim arose. All other claims must be filed not later than one year after the occurrence. (Refer to California Government Code Section 911.2)

**NAME OF SCHOOL DISTRICT INVOLVED:** \_\_\_\_\_

**NAME OF CLAIMANT:** Mr. \_\_\_\_\_  
(Injured or damaged party) MS. \_\_\_\_\_  
MRS. \_\_\_\_\_ (Last) (First) (Middle)

**HOME ADDRESS/PHONE** \_\_\_\_\_  
(Number/Street) (City/State/Zip Code) (Phone Number)

**BUSINESS ADDRESS/PHONE** \_\_\_\_\_  
(Number/Street) (City/State/Zip Code) (Phone Number)

**NAME OF CLAIMANTS PARENT/GUARDIAN** \_\_\_\_\_  
(Last) (First) (Middle)

**WHEN DID INJURY, DAMAGE OR LOSS OCCUR?** \_\_\_\_\_ A.M.  
(Month/Day/Year) (Day of Week) (Time of Day) P.M.

**WHERE DID INJURY, DAMAGE OR LOSS OCCUR?** (School, street address, intersecting streets, or other location) \_\_\_\_\_

**HOW DID INJURY, DAMAGE OR LOSS OCCUR:** (Describe accident or occurrence in complete detail) \_\_\_\_\_

**NAMES OF ANY WITNESSES?** \_\_\_\_\_

**NAMES OF DISTRICT EMPLOYEE (S) INVOLVED?** \_\_\_\_\_

**POLICE/CHP/SHERIFF REPORT NUMBER** \_\_\_\_\_

**WHAT ACTION OR INACTION OF DISTRICT EMPLOYEE (S) CAUSED YOUR INJURY, DAMAGE OR LOSS?** \_\_\_\_\_

**WHAT INJURIES, DAMAGES or LOSSES DID YOU SUFFER?** \_\_\_\_\_

**INSTRUCTIONS:** Attach and include with this completed form any bills for medical treatment or expenses and estimate of damage for personal property damage.

**TOTAL AMOUNT CLAIMED \$** \_\_\_\_\_

**INSTRUCTIONS:** Sign and date this Claim for Damages below. If the signer is not the claimant indicate the relationship of the signer to the claimant (parent, guardian, attorney, etc.)

\_\_\_\_\_  
(Signature) (Month/Day/Year)

\_\_\_\_\_  
(Relationship of signer, if not claimant) (Address) (Phone Number)

**NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY.**

**OFFICE USE ONLY:**  
Forwarded to SIA via: \_\_\_\_\_  
Date: \_\_\_\_\_