



CLAIM FOR DAMAGES (PLEASE READ INSTRUCTIONS ON OTHER SIDE FIRST)

For
Official Use Only
SCSRM-120 Claim For Damages

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

Home Address: _____ Date of Birth: _____

City, State, Zip: _____ Soc. Security No.: _____ - -

CA Drivers' License No.: _____

Daytime Phone: () Evening: () Cell: ()

Type of Loss: Personal Injury Other _____ Police Report No.: _____

Property Damage Indemnity – Date Complaint Served: _____

When did Injury or Damage occur? _____ Time: (AM/PM) _____
(Month Day, Year) (Day of Week) (Time of Day)

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?

Witnesses (if any)

(Name) (Address) (Phone Number)

(Name) (Address) (Phone Number)

Name of 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 and attach **PROOF OF INSURANCE**:

Was your insurance coverage in effect at the time of the incident? Yes No

Insurance Policy No.: _____ Insurance Company: _____

Insurance Broker/Agent: _____
Address: _____ Phone No.: ()

ALL NOTICES AND/OR COMMUNICATIONS SHOULD BE SENT TO:

Name: (Mr., Mrs., Ms.) _____ Daytime Phone No.: () _____
Address: (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: _____

Routing: Original to Carl Warren & Co., Copies to SCS Risk Management, District, and Claimant

