



PLEASE SIGN AND SEND THIS FORM TO:
 Twin Rivers Unified School District
 Attn: Brittany Smith
 3222 Winona Way, Suite 200
 North Highlands, CA 95660
 with a copy by email to: brittany.smith@trusd.net

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)

OFFICE USE ONLY:
 Forwarded to SIA via: _____
 Date: _____

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY.