

**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 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 \_\_\_\_\_

WHAT sum do you 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:  
(Attach any bills, estimates and photographs, if possible)

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

If the amount is more than \$10,000, indicate the type of civil case: Limited civil case (\$25,000 or less)  
Non-limited civil case (over \$25,000)

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

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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: \_\_\_\_\_

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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).

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6. Additionally, please provide the name, address and telephone number of any insurance company (or similar entity), which 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).)

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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 information and belief

\_\_\_\_\_  
Signature of Claimant or person filling on claimant's behalf

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of person signing and relationship to claimant

## **CLAIM AGAINST THE TORRANCE UNIFIED SCHOOL DISTRICT**

### **INSTRUCTIONS:**

Please submit an ORIGINAL of the Torrance Unified School District "Claim for Damages to Person or Property." The ORIGINAL, together with one copy of any attachments, are to be filled with the Administrative Services Office. Please send to this address:

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

### **NOTICE:**

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

Please fill out 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.