

# CLAIM FOR DAMAGES ("Claim Form")

**INSTRUCTIONS:** Please fill out this Claim Form completely. Additional sheets may be attached if more space is needed. Missing information may delay the processing of your claim. Submit the completed Claim Form to Chaffey Community College District, Attn: Risk Management, 5885 Haven Avenue, Rancho Cucamonga, CA 91737. This address is the ONLY office to which Claim Forms may be submitted. Retain a copy of any submitted Claim Forms for your records.

Be sure to include any relevant information and documentation to support your claim. The District shall act on a claim within 45 days after the Claim Form is received. If the District does not act within 45 days from receipt of the Claim Form, the claim shall be deemed rejected by operation of law on the 45th day.

CLAIM FORMS ARE A PUBLIC RECORD AND MAY BE SUBJECT TO DISCLOSURE PURSUANT TO A PUBLIC RECORDS ACT REQUEST.

Name of Claimant: \_\_\_\_\_  
*First Name Middle Initial Last Name*

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Driver's License # \_\_\_\_\_

\_\_\_\_\_ Driver's License State: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Loss:  Personal Injury  Property Damage  Indemnity (Date complaint served: \_\_\_\_\_)

Other: \_\_\_\_\_

Date of Injury/Damage: \_\_\_\_\_ Time (Approx.): \_\_\_\_\_ Police Report # \_\_\_\_\_

Where did the injury or damage occur? (Provide street address, intersecting streets, or other location.)

What injury or damage did you suffer?

How did the injury or damage occur? (Describe accident or occurrence.)

What action or inaction of District employees caused your injury or damage? (if known and/or applicable)

Name any witnesses:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name any District employees involved:

\_\_\_\_\_

Is total amount of claim greater than \$10,000?

YES – *This is a limited civil case.*

NO – *State amount claimed: Personal Injury: \$ \_\_\_\_\_ Property Damage: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_*

**NOTE: If claim relates to an automobile accident, attach proof of insurance.**

Insurance Company Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Claim # (if applicable): \_\_\_\_\_ Phone Number: \_\_\_\_\_

***PLEASE NOTE: There are various timing requirements regarding the submission of a Claim. If you have questions about relevant statutes of limitation, you should seek advice from legal counsel.***

***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. I further understand that if I have provided information that is false, intentionally incomplete, or misleading, I may be charged with a crime punishable by up to one year in state prison and/or a fine up to \$10,000 (Cal. Penal Code section 72).***

\_\_\_\_\_  
Signature of Claimant or Representative      Relationship (self, attorney, guardian, etc.)      Date

\_\_\_\_\_  
Printed Name      Phone Number

**ADDITIONAL REQUIRED INFORMATION**

May the District send any future communications regarding this matter to you via email?     YES     NO

If yes, please provide your email address: \_\_\_\_\_

If no, the District send any future communications regarding this matter via U.S. Mail. Please provide your mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_