

# CLAIM FOR INJURY, DAMAGE and/or INDEMNITY

## Plumas County Office of Education/Plumas Unified School District

1. Claims for death, injury to person, or to personal property must be presented to the PCOE/PUSD (not later than six (6) months after the occurrence (Govt. Code, Section 911.2)
2. Claims for damages to real property or breach of contract must be presented to the PCOE/PUSD not later than (1) year after the occurrence (Govt. Code, Section 911.2)
3. Please carefully read the PCOE/PUSD Board Policy **3320** and Administrative Regulation **3320** regarding the presentation of a claim.

### **DATE STAMP WHEN RECEIVED FROM CLAIMANT:**

#### **CLAIMANT INFORMATION:**

<b>Name of Claimant</b>	<b>Age</b>	<b>Date of Birth</b>
<b>Claimant Social Security Number</b> (if claim for bodily injury)		
<b>Does the Claimant have Medicare coverage?</b>		
<b>Residence Address of Claimant</b>		
<b>Name of Responsible Parent / Guardian</b>		
<b>Name of Other Person for Legal Notification</b>		
<b>Legal Mailing Address</b>		
<b>Telephone Number(s)</b>		

#### **ACCIDENT / LOSS INFORMATION** (attach additional pages if necessary):

<b>Date of Accident or Loss</b>	<b>Time of Day</b>
<b>Location of Accident or Loss</b>	
<b>Name(s) of person(s) causing the accident or loss</b> (if any)	
<b>HOW</b> and under what circumstances did damage or injury occur?	
<b>WHAT</b> particular action by the PCOE/PUSD or its employees caused the alleged damage or injury? (Include names of employees, if known.)	

**AMOUNT CLAIMING** (Include 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 estimates or invoices, if possible. If amount claimed exceeds \$10,000, no dollar amount shall be stated.):

Type	Dollar Amount	Briefly Describe
Medical Expense	\$	
Property Loss	\$	
Other	\$	
<b>TOTAL CLAIM</b>	<b>\$</b>	

#### **WITNESSES** (include doctors & hospitals):

Name	Address	Phone #

**Notice: Section 72 of the California Penal Code provides that every person who, with intent to defraud, presents for payment to any School District any false or fraudulent claim, is guilty of a felony punishable by fine and/or imprisonment.**

\_\_\_\_\_  
Signature of Claimant or Representative

\_\_\_\_\_  
Date

Attention School Site Personnel: Date stamp and send to the Business Office

Business Office: mail to Erik Knak, NCSIG Claims Administrator, Knak & Company, PO Box 990520, Redding, CA 96099-0520

NCSIG 5/2016