

# CLAIM FOR DAMAGES TO PERSON OR PROPERTY



**INSTRUCTIONS:**

1. Read claim thoroughly
2. Fill out claim as indicated; attach additional information if necessary
3. Please return this original signed claim and any attachment supporting your claim. This form must be signed.

Deliver or send U.S. Mail to: BERKELEY UNIFIED SCHOOL DISTRICT  
 Office of Risk Management & Employee Health Benefits  
 2020 Bonar Street, 2<sup>nd</sup> Floor Suite 234, Berkeley, Ca. 94702  
 Tel: (510) 644-6049 Fax: (510) 644-8881 Website: www.berkeley.net

1. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. LAST NAME		FIRST NAME	10. Why do you claim BUSD is responsible?	
2. Address of Claimant/Attorney:			11. Name of any BUSD employee (and their Departments) involved in injury or damage (if applicable):	
Street _____ City, State _____ Zip Code _____				
Home Telephone: ( ) _____ Business Telephone: ( ) _____				
3. Claimant's Birth Date, if minor:		Name:	Dept.:	
4. Date of Incident	5. Time of Incident		Name:	Dept.:
6. Where did damage or injury occur?			12. Witness to damage or injury: List all persons and addresses of persons known to have information:	
Street _____ City, State _____ Zip Code _____			Name	Phone
7. Describe in detail how damage or injury occurred:			Address	
			Name	Phone
			Address	
			Name	Phone
8. Were Police or Paramedics called? <input type="checkbox"/> Yes <input type="checkbox"/> No			Address	
9. If physician was visited due to injury, include date of first visit, Physician's name, address, and telephone number:			13. List Damages incurred to date (and attach copies of receipts or repair estimate):	
Date of first visit		Physician's name		
Physician's address:		Phone		
_____		( ) _____		
_____		Total damages to date:		Total estimated prospective damages:
		\$		\$
<b>THIS CLAIM MUST BE SIGNED</b>				
<i>NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE SECTION 72)</i>				
WARNING:				
1. Claims for death, injury to person or to personal property must be filed no later than 6 months after the occurrence. All other claims for damages must be filed no later than one year after the occurrence. (Government Code Section 911.2) 2. Subject to certain exceptions, you have only six (6) months from the date of the written notice of rejection of your claim to file a court action. (Government Code Section 945.6) 3. If written notice of rejection of your claim is not given, you have two (2) years from accrual of the cause of action to file a court action. (Government Code Section 945.6)				
14. Print or Type Name			15. Signature of Claimant or Person filing on his/her behalf/ Give relationship to Claimant:	

**CLAIM FOR DAMAGES TO PERSON OR PROPERTY**

--	--