

**COAST COMMUNITY COLLEGE DISTRICT
CLAIM FOR DAMAGES OR INJURY**

Print Form

Submit by Email

(To Person Or Personal Property)

<p><u>Instructions</u></p> <ul style="list-style-type: none"> • Claims for death, injury to person, or to personal property must be filed not later than six -months after the occurrence. (Gov Code Sec 911.2) • Claims for damages relating to any other type of occurrence -must be filed not later than one year after the occurrence. (Gov. Code Sec 911.2) • Read entire claim form before filing. • Claim must be filed by claimant or person acting on claimant's behalf. Give relationship to claimant. • Attach separate sheets, if necessary, to give full details. (SIGN EACH SHEET and identify information by paragraph number.) 		<p>RESERVED FOR FILING STAMP CLAIM NO: _____</p>	
Name of Claimant 1.		Birthdate of Claimant 2.	
Home Address of Claimant 3.		City and State 4.	
Business Address of Claimant 5.		City and State 6.	
Please provide the address at which you will be receiving notices of communications regarding this claim: 7.			
How and under what circumstances did DAMAGE or INJURY occur? Please include as much detail as possible. (Use additional sheet if necessary.) 8.			
When did DAMAGE or INJURY occur? Please include the date and time of the alleged DAMAGE or INJURY.: 9.			
Where did DAMAGE or INJURY occur? Please describe fully and use the reverse side of this sheet to diagram accident. Give street names, addresses, measurements from specific landmarks, etc. 10.			
What particular ACT or OMISSION by the District or its employees do you claim caused the alleged DAMAGE or INJURY? Please give names of the District employee(s) causing the alleged DAMAGE or INJURY, if known: 11.			
Itemize your damages. What AMOUNT do you claim on account of each item of DAMAGE or INJURY, as of the date of presentation of this claim. Please provide the basis of your computation and attach bills, , etc. . 12.			
Give the ESTIMATED AMOUNT of your claim on account of each item of prospective DAMAGE or INJURY, and the basis of your computation (attach bills, estimates, etc.): 13.			
If you received any Insurance payments, please give the name(s) of the insurance company: 14.			
Expenditures made to date on account of DAMAGE or INJURY (Date – Item): 15.			
Name and address of Witnesses, Doctors, and Hospitals: 16.			
Signature of Claimant or person filing on Claimant's behalf 17.		Typed name (Relationship to Claimant) 18	Date 19.

WARNING: It is a criminal offense to file a false claim. (Penal Code Section 72)
04/17/09

Return Completed Form To:
Risk Services Department
Coast Comm. College District
1370 Adams Avenue
Costa Mesa, CA 92626