CLAIM FOR DAMAGES FORM

Send Original To:
Mt. San Antonio College
Risk Management 4-2555
1100 N. Grand Avenue
Walnut, CA 91789-1399
909.274.4230

Name of Claimant:
Injured or damaged party (Last name) (First Name) (Middle Name)

(Date of Birth)* CA Drivers License No. (Employee ID/Student ID) Required if Applicable

Home Address:

(Number Street) (City, State, Zip Code) (Area Code/Phone Number)

Business Address:

(Number Street) (City, State, Zip Code) (Area Code/Phone Number)

Claimant receives or is eligible for SSDI or Medicare*: ☐ Yes ☐ No Social Security* #

Directions: Indicate to which address you wish notices sent. ☐ Home ☐ Business

When did Injury or Damage occur?

Month/Day/Year Day of Week Time of Day

Where did Injury or Damage occur?

(School site, street address, intersecting streets, or other locations)

How did Injury or Damage occur?

(Describe accident or occurrence in complete detail – attach additional pages, if needed)

Names, Addresses and Phone Numbers of Witnesses, Doctors, Hospital or persons who may have information regarding your injury or damages:

Names of School Employees Involved:

What Action or Inaction of District Employee(s) Caused your Injury or Damages?

What Injuries or Damages did you suffer?
State the amount of the claim if it is less than $10,000
Include the estimated amount of any prospective injury, damage or loss insofar as it may be known at the time the claim is presented and list the basis for the computation of the amount claimed:
If the dollar amount of the claim is more than $10,000, no dollar amount will be stated but please indicate whether the claim is a limited civil claim (total dollar amount less than $25,000): Limited Civil Case: ☐ Yes ☐ No

Directions: Sign and Date this form below. If the signer is not the Claimant, indicate the relationship of the signer to the Claimant (parent, attorney, etc.) and address.	
Signature	Print Name
Date	Relationship if not claimant and address

Directions:

Attach and include, with this Form, any bills for medical treatment or expenses/estimates for personal property damage.

*RESPONSES REQUIRED FOR FEDERAL MEDICARE SECONDARY PAYER REPORTING

NOTE: PRESENTATION OF FALSE CLAIM IS A FELONY (Refer to CA Penal Code Sec 72)