

LODI UNIFIED SCHOOL DISTRICT

Business

Exhibit 3320

Claim for Damages

- A.** Claims for death or injury to persons or property must be filed no later than six (6) months after the date of occurrence. (Gov. Code Section 911.2)
- B.** Claims for damages to real property must be filed no later than one year after the date of occurrence. (Gov. Code Section 911.2)
- C.** Claim must be filed by claimant or person acting on claimant's behalf. Please state relationship to claimant.
- D.** Attach separate sheets, if necessary, to give complete details. **SIGN EACH SHEET.**
- E. NOTE:** All claimants may be required to be examined as to their claim under oath. Presentation of a false claim is a felony. (California Penal Code Section 72.)
- F. READ THE ENTIRE FORM BEFORE FILING.**
- G.** Mail completed form to: **LODI UNIFIED SCHOOL DISTRICT; attn: Risk Manager; 1305 East Vine Street; Lodi, CA 95240**

1. Name of claimant:	2. Date of birth:
3. Home address of claimant - city and state:	4. Home phone:
5. Business address of claimant - city and state:	6. Business phone:
7. Address which you desire notices and communications sent regarding this claim:	
8. How did DAMAGE or INJURY occur? Give complete details. <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>	
9. When did DAMAGE or INJURY occur? Give full particulars: date, time of day, etc.	
10. Where did DAMAGE or INJURY occur? Describe fully. Use additional sheets to diagram incident if necessary. Give street names, addresses, distances, etc. <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>	
11. What particular ACT or OMISSION do you claim caused the injury or damage? Give names of district employees allegedly causing the injury or damage, if known.	
12. What DAMAGE or INJURY do you claim resulted: Give full extent of injuries or damages claimed. <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>	
13. What amount do you claim on account of each item of injury or damage as of the date of the presentation of this claim? Give basis of computation.	
14. Give estimated amount, as far as known, that you claim because of each item of prospective injury or damage. Give basis of computation.	
15. List all insurance payments received, if any, and the name(s) of insurance company.	

16. List all expenditures made due to damage or injury. Give date and item.	
17. List all names, addresses and phone numbers of all witnesses, doctors, hospitals, etc.	
18. Typed or printed name and relationship to claimant.	
19. Signature of claimant or person filing on behalf of claimant.	20. Date:

Exhibit
approved: 05/03/05
revised: 02/16/10