PLEASE RETURN AN ORIGINAL SIGNATURE CLAIM TO:

TRUSD/BUSINESS SERVICES

Attn: Greg Rash 3222 Winona Way

North Highlands, CA. 95660

CLAIM FOR DAMAGES

NOTE: If the occurrence happened on January 1, 1988, or after this date, then a claim for bodily injury or death, damage to personal property, or damage to growing crops must be filed not later then six months after the occurrence out of which the claim arose. All other claims must be filed not later then one year after the occurrence. (Refer to California Government Code Section 911.2)

NAME OF SCHOOL	L DISTRICT I	NVOLVED:				
NAME OF CLAIMA (Injured or damaged p		(Last)		(First)	(Middle)	
HOME ADRESS/PHO	NE	(Number/Street)		(City/State/Zip Code)	(Phone Number)	
BUSINESS ADDRESS PHONE	/	(Number/Street)		(City/State/Zip Code)	(Phone Number)	
NAME OF CLAIMAN PARENT/GUARDIAN		(Last)		(First)	(Middle)	
WHEN DID INJURY,	DAMAGE OR L	` ′	(Month/Day/Year)	(Day of Week)	A.M. (Time of Day) P.M.	
WHERE DID INJURY	, DAMAGE OR	LOSS OCCUR? (Sch		ersecting streets, or other lo		
HOW DID INJURY, D	AMAGE OR LO	SS OCCUR: (Descri	be accident or occurre	nce in complete detail)		
-						
NAMES OF ANY WIT	NESSES?					
NAMES OF DISTRIC	T EMPLOYEE (S) INVOLVED?				
POLICE/CHP/SHERI	FF REPORT NU	MBER				
WHAT ACTION OR I	NACTION OF D	DISTRICT EMPLOY	EE (S) CAUSED YOU	R INJURY, DAMAGE OR	LOSS?	
WHAT INJURIES, DA	AMAGES or LOS	SES DID YOU SUFF	FER?			
		_	form any bills for me	_	and estimate of damage for	
TOTAL AMOUNT CI	AIMED \$					
	0	Claim for Damages b nt, guardian, attorney		not the claimant indicate the	relationship of the signer to	
(Signature)				(Month/Day/Year)		
(Relationship of signer, if not claimant)			(Address)	(Phone Num	ber)	

OFFICE USE ONLY:
Forwarded to SIA via: _____
Date: _____

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY.