NORTH ORANGE COUNTY
COMMUNITY COLLEGE DISTRICT

CLAIM FOR DAMAGES OR INJURY

This form is provided pursuant to Government code Section 910.4 and shall be used by any person presenting a claim to the District under Government Code Section 900 et seq. If additional space is needed for any of the required information, please attach additional sheets. Please note:

1. Claims for each injury to person or to personal property must be filed not later than six months after the occurrence. (Gov. Code, Sec. 911.2)
2. Claims for Damages to real property must be filed not later than 1 year after the occurrence (Gov. Code, Sec. 911.2)

Return the completed form to the office of the Vice Chancellor, Administrative Services at the District Office

***RESPONSES REQUIRED FOR FEDERAL MEDICARE SECONDARY PAYER REPORTING. This claim form MUST BE completed in its entirety**

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

Date of Birth*: _____ **Social Security No.*:** _____ CA Drivers License No.: _____

Home Address: _____
(Number/Street) (City/State/Zip Code) (Area Code & Phone No.)

Business Address: _____

Claimant receives or is eligible for SSDI or Medicare* _____Yes _____ No

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

WHEN did damage or injury occur? _____
(Month/Day/Year) (Day of the Week) (Time of Day)

WHERE did damage or injury occur? _____
(College Name, Street Address, Intersection streets, or other locations)

HOW and under what circumstance did damage or injury occur? _____
(Describe accident or occurrence in complete detail/attach additional pages if needed)

_____

_____

WHAT injuries or damages did you suffer? _____

_____

WHAT particular action or Inaction of District, or its employees caused your damages or injury? (Include names of employees, if known)_____

_____

NAMES, addresses, and telephone numbers of Witnesses, Doctors and Hospitals who may have information regarding your injury or damages:

_____

_____

Police Report Number: _____

State the amount of the claim if it is less than $10,000 _____

WHAT sum do you claim? Include the estimated amount of any prospective loss, insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of amount claimed: (Attach estimates or bills, if possible)

_____

_____ Total Amount Claimed: $_____

If the dollar amount of claim is more than $10,000, no dollar 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 and address.*

_____
Signature (Date) (Relationship if not Claimant and address)

Notice: Section 72 of the California Penal Code provides: Every person who, with intent to defraud, presents for payment to any school district any false or fraudulent claim, is guilty of a felony punishable by fine and/or imprisonment.