

CLAIM AGAINST THE SANTA MONICA COMMUNITY COLLEGE DISTRICT
(FOR DAMAGES TO PERSONS OR PERSONAL PROPERTY)

FOR DISTRICT USE - DO NOT WRITE IN THIS AREA

Received via

U.S. Mail

Date: _____

Inter-Office Mail

Time: _____

Over the Counter

CLAIM No. _____

SIGNATURE OF EMPLOYEE ACCEPTING CLAIM

A claim must be filed with the Board Secretary no later than six (6) months after the incident or occurrence for death, injury to person or damage to personal property. Be sure your cause of action is against the Santa Monica Community College District, not another public entity. Where space is insufficient, please use additional paper and identify information by paragraph number. All blanks should be completed. Completed claims must be mailed or delivered to:

Board Secretary
2714 Pico Boulevard, Room 320
Santa Monica, CA 90405

TO: THE SANTA MONICA COMMUNITY COLLEGE DISTRICT

The undersigned respectfully submits the following claim:

1. NAME OF CLAIMANT: _____

a. ADDRESS OF CLAIMANT: _____
Street

b. PHONE NUMBERS: () _____ () _____ () _____
Home City Business State Zip
Cell

d. DATE OF BIRTH: _____

e. DRIVER'S LICENSE NO. _____ STATE (IF NOT CA): _____

f. SOCIAL SECURITY NUMBER OR TAYPAYER ID: _____

2. Name, telephone and post office address to which claimant desires notices to be sent if other than above:

3. Occurrence or event from which the claim arises:

a. DATE: _____

b. TIME: _____

c. PLACE (state exact and specific location, including distances from known objects):

d. State the circumstances of the occurrence, transaction, act or defect you claim caused the injury or damage (use additional paper if necessary). State details describing any hazardous condition or wrongful actions of any District employee. Include measurements including height, width and depth) of any property defect. Attach available photographs.

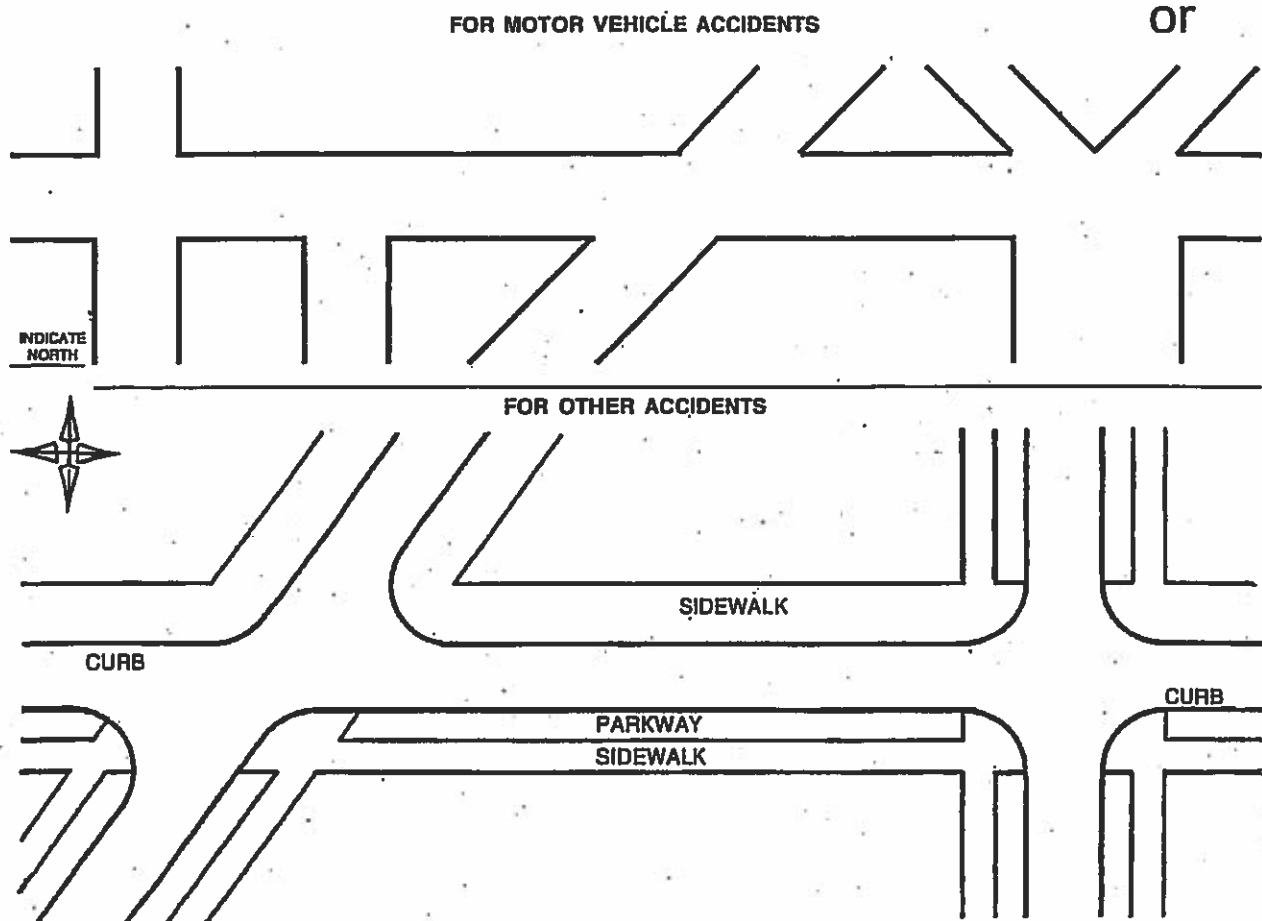
e. State exactly how the injury or damage occurred:

f. Please provide a diagram of the occurrence.

For all non-vehicle accident claims place names of streets (including North, East, South, and West) on the following diagram, and indicate place of accident by "X" and by showing house numbers or distances to street corners or known objects.

If a vehicle was involved, identify location on the diagram of District or other vehicle when you first saw it by letter "A"; location of yourself or your vehicle when you first saw District or other vehicle by the letter "B"; and the point of impact by "X." Please use a box such as **A** or **B** to represent a vehicle.

Note: If diagrams below do not fit the situation, attach a proper diagram signed by claimant



4. Give the name(s) of the District employee(s) causing the damage or injury if known:

5. Give a description of the injury, property damage, loss or indebtedness, so far as is known at the time of this claim. If there were no personal injuries, state "no injuries":

6. Damages claimed:

a. If under \$10,000, complete the following:

(1) Amount claimed as of this date: \$ _____

(2) Estimated amount of future costs: \$ _____

(3) Total amount claimed: \$ _____

(4) Basis of computation of amounts (include copies of all bills, invoices, estimates, etc.): _____

b. If over \$10,000, check either:

does not exceed \$25,000 (called a "limited civil case")

over \$25,000

7. Names, addresses and telephone numbers of all witnesses, hospitals, doctors, other persons injured, property owners, etc.:

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

8. Any additional information that might be helpful in considering the claim:

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS. Every person who, with intent to defraud, presents any false claim or writing to the District for payment may be subject to imprisonment in a state prison and a fine of \$10,000 (Penal Code § 72).

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief, and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed on _____, 20__ at _____
City and State

CLAIMANT'S SIGNATURE

PRINTED OR TYPED NAME

Santa Monica Community College District
CLAIMS INFORMATION SHEET
INSTRUCTIONS

1. Complete the attached claim form by typewriter or in black ink.
2. Answer each inquiry on the claim form, providing *full details* for each.
3. Sign and date the claim on page 5.
4. Present a claim for death, personal injury or personal property damage within six months of the incident to the Board Secretary, 2714 Pico Boulevard, Room 320, Santa Monica, CA 90405. See California Government Code Section 911.2 and Board Policy 6230 for other time limitations.

INFORMATION

1. The claim will be acknowledged by the College's Claims Administrator, who will be responsible for investigation, processing and possible resolution.
2. If your claim was filed within the time permitted by law, and if you are not earlier notified in writing that the District has taken action to accept or reject your claim, State law requires that your claim be deemed denied automatically by operation of law 45 days after the filing date. See California Government Code Section 912.4. The District will send you a notice of such denial automatically after 45 days have passed from the date you filed your claim.

This 45-day rejection notice is sent without regard to the actual settlement status of your claim, since it is a State-mandated rejection notice. Any settlement you have reached before, or may reach after, such automatic notice is not affected by this 45-day rejection notice.

The 45-day rejection notice will advise you that you have only six months thereafter to file a lawsuit. Although review of your claim by the District, and settlement discussions with the District, may well continue after the 45-day rejection notice and during this six-month period, the six-month filing deadline is binding; you must comply with this six-month Statute of Limitations if your case is not resolved to your satisfaction prior to expiration of the six-month period. See California Government Code Sections 913 and 945.6.

3. The District will seek to recover all costs of defense, including attorney's fees and District resources used in defending the case, in the event a lawsuit is filed against the District and it is determined that the lawsuit was not brought in good faith and based on reasonable cause. See California Code of Civil Procedure Sections 128.5, 1021.7 and 1038.
4. The submission of a false claim is a crime. See California Penal Code Section 72.
5. Acceptance of a claim form or assignment of a "claim" number by the Board Secretary does not waive any right the District may have to object to the sufficiency or timeliness of the claim, or any portion thereof.