

Peralta Community College District  
Department of Risk Management  
333 East 8<sup>th</sup> Street, Oakland CA 94606  
(510) 466-7240

## ACCIDENT REPORTING AND CLAIM FORM

This claim form is provided for your convenience. Any other form may be used if it satisfies the requirement of California Government Code §§ 900, et seq. This claim is against a public entity. You or your designated representative must present this claim to Peralta Community College District as prescribed by Title 1, Division 3, 6 § 3 & 4, of the Government Code of the State of California.

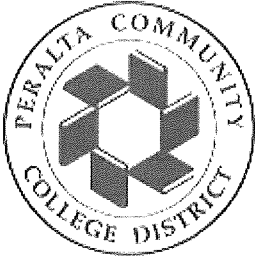
**Please print (or type).**

1. Claimant's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Age: \_\_\_\_\_
2. Home address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_
3. Business address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_
4. Business phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_
5. Address where Claimant desires notices to be sent: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_
6. Identify names, addresses, and phone numbers of any witnesses:

|    | Print Witness Name | Address | Phone |
|----|--------------------|---------|-------|
| a. |                    |         |       |
| b. |                    |         |       |
| c. |                    |         |       |

7. Describe the specific damages or injury that occurred as a result of the incident (attach additional sheets if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Describe the circumstances of the incident. State all of the facts that support your claim against Peralta Community College District and why you believe the District is responsible for the alleged damage or injury. Please be as detailed as possible. (Attach additional sheets as necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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9. Identify any medical treatment received, and names and addresses of hospitals and doctors:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

10. Identify the District employee(s) who allegedly caused the injury or damages (if known):

\_\_\_\_\_  
\_\_\_\_\_

11. Date and time that incident occurred: \_\_\_/\_\_\_/\_\_\_ at: \_\_\_\_\_ (circle) a.m. p.m.

12. Location of incident (if appropriate, identify specific landmarks): \_\_\_\_\_  
\_\_\_\_\_

13. State the amount of damages that you seek: \$ \_\_\_\_\_ (Note: a claim amount must be specified if it is less than \$10,000. If the claim amount is \$10,000 or more, no dollar amount shall be specified).

14. You are required to identify which jurisdiction this case rests with regardless of the claimed amount. (Check the one that applies):

Limited Civil Case: if the claim amount is \$25,000 or less

Unlimited Civil Case: if the claim amount is more than \$25,000.

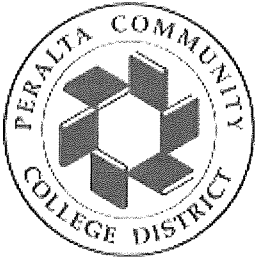
15. Describe how this amount was computed. (Attach receipts if available): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. **Insurance Information:** has the claim for the alleged injury or damage been filed with, or will it be filed with, your insurance carrier? \_\_\_No \_\_\_Yes. If yes, please provide your carrier information:

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Policy #: \_\_\_\_\_ Amount of Deductible: \$ \_\_\_\_\_



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- This claim must be signed and dated by the Claimant or by their representative. A claim relating to a cause of action for death or injury or damage to personal or real property shall be submitted not later than six (6) months after the accrual cause of action. There may be other statutes governing this claim, including but not limited to certain Federal statutes.
- Claims rejected for untimely filing may be appealed to the Board of Trustees of Peralta Community College District. The appeal must be filed in writing and within one year after the accrual of the cause of action. The proposed claim shall be attached to the appeal.
- If you are in doubt about your legal rights, the District recommends that you seek legal advice at your own expense.

17. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Claimant Signature, or Representative Filing on Claimant's Behalf**

If a Representative has signed above, please print name of Representative: \_\_\_\_\_

Relationship of Representative to Claimant: \_\_\_\_\_

Address of Representative: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number of Representative: (\_\_\_\_) \_\_\_\_\_ E-mail of Representative: \_\_\_\_\_

**Section 72 of the Penal Code provides penalties for any party intending to defraud, or make any false or fraudulent claims in this process.**

**PLEASE NOTE:** Once completed, return this signed form, within the prescribed six (6) month claim filing time period, to the Risk Management Office at:  
**Peralta Community College District, 333 – East 8<sup>th</sup> Street, Oakland CA 94606**