

Oroville Union High School District  
Claim for Injury or Damage

1. Name of Claimant: \_\_\_\_\_ Age: \_\_\_\_\_  
Responsible Parent/Guardian: \_\_\_\_\_  
Name of Other Person for Legal Notification: \_\_\_\_\_  
Legal Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

2. Residence Address of Claimant: \_\_\_\_\_

3. Date of Accident or Loss: \_\_\_\_\_ Time of Day: \_\_\_\_\_

4. Location of Accident: \_\_\_\_\_

5. Please describe what happened and why you feel the district is responsible (use additional sheets if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Name(s) of person(s) causing the accident or loss (if any): \_\_\_\_\_  
\_\_\_\_\_

7. Amount you are claiming:  
\$ \_\_\_\_\_ Medical Expenses: \_\_\_\_\_  
\$ \_\_\_\_\_ Property Loss: \_\_\_\_\_  
\$ \_\_\_\_\_ Other: \_\_\_\_\_  
\$ \_\_\_\_\_ Total Claim

8. Names and addresses of witnesses: \_\_\_\_\_  
\_\_\_\_\_

9. Does this claimant have Medicare coverage? \_\_\_\_\_

**I declare under penalty of perjury that the above statements are true and correct.**

\_\_\_\_\_  
Signature of Complainant or Representative

\_\_\_\_\_  
Date

**Criminal Penalty for Presenting Fraudulent Claim or Making False Statements:** Every person who with intent to defraud, presents for allowance or payment any false or fraudulent claim against a public entity may be guilty of a felony. (See California Penal Code 72)