



TORT CLAIMS POLICY

Pliocene Ridge CSD (the District) follows Gov. Code 810 et seq. Division 3.6 for the California Tort Claims Act. This code states that one must give written notice within 6 months for filing an actual lawsuit, giving the District time to settle the claim.

PROCEDURES

A Tort Claims (Third Party Claim) can only be made if you are a victim of another person's negligence. Normally a tort claim is for expenses not paid by your insurance company. Part and/or future income loss, or loss of opportunity to earn income due to injuries, and pain and suffering. When a claim or possible claim is being filed, a full copy of this Policy is to be given to the claimant. The attached claim form states the time-line in accordance with California law.

When dealing with a third party claim, the District requires a written claim to be filed with the District in writing, and signed by the claimant, or his or her representative; Gov. Code 910.2. This claim must contain the following information:

1. Name and mailing address.
2. Name and address to which to send notices.
3. Date, place and circumstance of the claim.
4. Description of the injury, damage or loss, for which the payment is sought.
5. Name of any public employee causing the loss, if known.
6. Any indication as to whether the claim would be made in limited jurisdiction court, or not; or the amount of the claim if it is under \$10,000.00 as per Gov Code 910

A Tort Claim requires that the claim be submitted to the District Secretary or governing body of the District "The Board".

A Tort Claim must be presented for all claims against the District, or a public employee acting within the scope and course of their employment as per Gov. Code 905, 905.2.

The District must act on a claim within forty-five days after the claim is presented. This period can be extended by written agreement of the claimant and the District.

A warning will be given with certain exemptions; the claimant has only six months from the date of the claim to file a court action.

Attachment "A" Claim form is incorporated as part of the policy.

PRCSD Policy 1140 Tort Claims attachment "A"

The amount claimed, as of the date of presentation of this claim is computed as follows:			
Damages incurred to date (exact):		Estimated prospective damages as far as known:	
Damage to Property	\$	Future expenses for medical care	\$
Medical Care	\$	Future loss of earnings	\$
Loss of earnings	\$	Other prospective special damages	\$
Special damages for	\$	Prospective general damages	\$
General damages	\$	Total est. prospective damages	\$
Total damages incurred to-date	\$		
Total amount claimed as of date of this claim		\$	
Was police investigation done?		If so, what city?	
Were paramedics or ambulance called?		If so, name city or ambulance.	
If injured, state date, time, name and address of doctor of your first visit			
WITNESSES to DAMAGE or INJURY: List all persons and addresses of persons known to have information:			
Name	Address	Phone	
Name	Address	Phone	
Name	Address	Phone	
DOCTORS and HOSPITALS:			
Hospital	Address	Date of visit	
Doctor	Address	Date of visit	
Doctor	Address	Date of visit	
READ CAREFULLY			
For all accident claims complete a diagram in the space provided below, (including North, East, South and West). Indicate place of accident by "X" and by showing house numbers or distances to street corners. If agency vehicle was involved, designate by letter "A" location of Agency Vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw Agency Vehicle; location of vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X".			
(If more space is needed please attach a separate sheet of paper)			
Signature of Claimant or person filing on His behalf giving relationship to claimant:		Typed Name	Date:
NOTE: CLAIMS MUST BE FILED WITH PUBLIC AGENCY Presentation of a false claim is a felony (Pen. Code. Sec. 72)			