

Claims Against the District

References: *Education Code Section 72502;
Government Code Sections 900 et seq. 905, 910 et seq., 915 et seq.,
935 and 945 et seq.*

College District Responsibility for Injuries to Persons

Except for provision of the student-accident insurance provided for on-campus and athletic coverage, the College District accepts no responsibility for injuries to students or the general public while on College District premises or at College District off-premises events. Claims for injury due to negligence are to be filed with the Vice President for Business and Financial Affairs or the Director of Procurement, Central Services and Risk Management.

College District Responsibility for Private Property

1. Privately Owned Personal Property

It is the intent of the Governing Board to provide supplies, tools, equipment, and other property required for employees to carry out their duties. The College District assumes no responsibility for loss or damage to privately owned property on College District premises or used on College District projects.

2. Vehicles and Contents

The College District accepts no responsibility for damage to privately owned vehicles operated or parked on College District property or for their contents or physical damage of privately owned vehicles used on College District business or field trips.

Receipt of Claims against the College District

The Governing Board, under Government Code section 935.4, authorizes the Vice President for Business and Financial Affairs to receive and reject claims filed with the Governing Board as claims of College District liability and to immediately report all property and liability claims, including personal property, theft, or vandalism claims, to the College District's Joint Powers Authority (JPA) or liability insurance carrier for disposition.

If the College District is served with a lawsuit (summons and complaint), including any amended complaint, it will be immediately forwarded to the JPA to determine if the suit falls with the JPA's memorandum of coverage or excess insurer's coverage terms. The College District will be notified if the JPA or excess insurer will not provide a defense.

The College District will identify the date and time service was made and the location where the lawsuit was served. Date, time, and recipient's title are to be written on the front page of the summons and complaint. The College District will retain a copy. The College District may not select a defense counsel or assign a lawsuit independent of the JPA's concurrence. The JPA shall, in all cases, select counsel in consultation with the College District. Defense costs/expenses of counsel not authorized by the JPA may become the College District's sole responsibility.

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Government Code sections 910.4(a) requires Southwestern Community College District to provide a standardized tort claim form that claimants may use to file their claims for submission to the College District. The standard claim form must include information specified in Government Code sections 910 and 910.2. If a claim that is not on the College District form contains all of the information that is required on the College District form in a legible manner, the College District may still consider such a claim as "submitted" without the College District form. The College District will provide the claim form whenever it is requested.

If a claim is not submitted on the designated form and it does not contain all of the information required by the College District form, it may be returned.

1. Any claim returned may be resubmitted using the proper form (Exhibit A).
2. Claim forms may be obtained by contacting the Director of Procurement, Central Services and Risk Management.
3. Properly completed claim forms should be submitted as follows: Southwestern Community College District, Attention: Director of Procurement, Central Services and Risk Management, 900 Otay Lakes Road, Room 1651, Chula Vista CA, 91910-7299.
4. Claims against the College District must be filed with the Governing Board within six (6) months after cause of action , as required by Government Code section 911.2.
5. Report all student accidents involving injury on the student-accident report form (Exhibit B). For any serious injury or fatal accident, immediately telephone the Director of Procurement, Central Services and Risk Management who will contact the JPA or insurance carrier.
6. Claims filed with the Governing Board (or its designee) are not publicly announced/stated on the Board agenda, nor are the matters regarding rejection announced/stated on the Board agenda. However, all settlements of claims are agendized and announced in open session. Settlements of claims above \$50,000 require prior Governing Board approval. Filed claims that the Vice President for Business and Financial Affairs considers having the reasonable potential to result in litigation shall be properly agendized and reported to the Governing Board in closed session in accordance with the Brown Act. Final settlement agreements equal to or less than \$50,000 are ratified by the Governing Board in open session.
7. Government Code sections 935.2 and 935.4 authorize the College District to delegate to an employee such functions relating to claims as the College District designates

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(i.e., ruling on the sufficiency of claims or automatically rejecting certain classes and approval of settlements up to \$50,000). Pursuant to Government Code sections 910.8, 935.2, and 935.4, the College District designates the Vice President for Business and Financial Affairs, or designee, as the person authorized to receive and reject claims filed with the Governing Board under Government Code section 900, et seq.

8. Pursuant to the authority contained in Government Code section 935, the following claims procedures are established for those claims against the College District for money or damages not now governed by State or local laws:
 - a. Employee claims. Notwithstanding the exceptions contained in Government Code Section 905, all claims by public officers or employees for fees, salaries, wages, mileage and any other expenses for allowances claimed due from the College District, when a procedure for processing such claims is not otherwise provided by the State or local laws, shall be presented within the time limitations and in the manner prescribed by Government Code Sections 910 through 915.2. Such claims shall further be subject to the provisions of Section 945.4 relating to the prohibition of suits in the absence of the presentation of claims and action thereon by the College District.
 - b. Contract and other claims. In addition to the requirements of subsection (a) of this section, and notwithstanding the exemptions set forth in Government Code Section 905, all claims against the College District for damages or money, when a procedure for processing such claims is not otherwise provided by State or local laws, shall be presented within the time limitations and in the manner prescribed by Government Code Sections 910 through 915.2. Such claims shall further be subject to the provisions of Section 945.4 relating to prohibition of suits in the absence of the presentation of claims and action thereon by the College District. Claims shall be in writing and shall stipulate date(s), time(s), nature of claim(s).



Tort Claim Against Southwestern Community College District
900 Otay Lakes Road, Chula Vista, CA 91910
Attn: Priya Jerome, Director of Procurement,
Central Services and Risk Management

Name of Claimant	Mailing Address*	Zip Code	Telephone

INSTRUCTIONS

Claims against the Southwestern Community College District must be filed with the Governing Board within six (6) months after an incident occurs, as required by Government Code §911.2. Where space is insufficient, please use additional paper, include your name, identify each item of information by the paragraph number and sign each sheet. *Also denote post office address to which the person presenting the claim desires notices to be sent.

1. Occurrence or Transaction Causing this Claim

Date:	Time:	Place:

2. Statement of Incident - (Specify the particular act or omission you claim caused the injury, damage or loss, if known)

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3. Description of Circumstances - (Statement of how the District or its employees were at fault. Include names of persons causing injury, damage or loss; if not known, state "not known")

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4. Description of Incurred Indebtedness, Obligation, Injury, Damage or Loss

a. General Description (so far as known as of the date of this claim) _____ _____	b. Name of Person Injured: _____ Description of Personal Injury: _____ _____
c. Name of Person(s) Causing the Above: _____ _____	d. Name of Property Owner: _____ Description of Property Damage: _____ _____

5. Claim

a. Amount Claimed as of Date of this Claim: _____	c. Total Amount of Claim: _____ (Attach estimates or bill in support of claim. If the amount exceeds \$10,000, no dollar amount shall be included)
b. Estimated Amount of any Prospective Injury, Damage or Loss: _____ _____	d. Basis of Computation of Amount Claimed. Limited Civil Case: Yes _____ No _____

6. Eyewitnesses, Attending Physician, Hospital, Etc.

Name:	Address:	Telephone:

Government Code §910.2: Claims for supplies, materials equipment or services need not be signed if presented on a billhead or invoice regularly used in the conduct of business of the claimant.

For your protection, California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subjected to fines and confinement in state prison. CALIFORNIA INSURANCE FRAUDS PREVENTION ACT 1871.2

Governing Board Policy No. ____ 3810 ____, Claims Against the District,
Adopted: _____

Signature of Claimant or Person on Claimant's Behalf

Signature

Date

EXHIBIT A



Student Accident Report

Confidential: Pursuant to Education Code Section 49073.5 et seq.

District: Southwestern Community College District			School/Site:		
Student Name:	Age:	Student ID #:	Home Address:	Phone:	
Date of Injury:	Time of Injury:	Did Injury Result from Violence or Aggression?	Was First Aid Given? By Whom?		
Describe First Aid Provided:					
Is student covered by insurance? Yes _____ No _____			If yes, by whom?		
Was there a violation of school rules by this student or anyone else? Yes _____ No _____ Explain: _____					
Who else was involved besides student? _____ Another Student _____ Outside Person _____ Unknown _____ No One _____					
Witnesses (Addresses and Phone Numbers if Available)			Employee in Charge (Addresses and Phone Numbers if Available)		
_____			_____		
_____			_____		
_____			_____		

INJURY LOCATION (Please circle all which apply)									
Athletic Field/Courts	Auditorium	Bathroom	Classroom	Corridor	Gymnasium	Locker Room	Lunch Area	Off Campus	
Parking Lot	Playground	Pool	Quad	Science Lab	Shop Lab	Stairs	Weight Room		
Other (Please Specify): _____									

NATURE OF INJURY (Please circle all which apply)									
Abrasion	Bite/Sting	Bleeding	Bruise	Burn	Chemical Exposure	Chip'd/Loose Tooth	Concussion	Cut	Dislocation
Dizziness	Foreign Body	Fracture	Internal	Nausea	No Visible Injury	Pain	Puncture	Redness Sprain/Strain	Swelling
Other (Please Specify): _____									

PART OF BODY (Please circle all which apply) Side of Body: Left Right									
Ankle	Arm	Back	Chest	Ear	Elbow	Eye	Face	Finger	Foot
Groin	Hand	Head	Hip	Internal	Knee	Leg	Mouth	Neck	Nose
Ribs	Shoulder	Stomach	Thumb	Tooth	Wrist				
Other (Please Specify): _____									

CAUSE OF INJURY (Please circle all which apply)									
Animal/Insect	Another Student	Building	Chemicals	Classroom Materials	Fence/Gate	Food/Drink	Furniture	Hand Tool	
Play Equipment	Pole	Powered Tool	Self	Sports Equipment	Surface	Thrown Object	Vehicle	Weapons	
Other (Please Specify): _____									

SPORTS/RECREATION (Please circle all which apply)									
Baseball	Basketball	Cheerleading	Dance	Dodgeball	Gymnastics	Soccer	Softball		
Tennis	Tetherball	Track & Field	Volleyball	Watersports	Weights	Wrestling			
Other (Please Specify): _____									

PLAYGROUND EQUIPMENT (Please circle all which apply)									
Climbing Equipment	Merry-Go-Round	Multi-Use	See-Saw	Slide	Swing				
Other (Please Specify): _____									

Briefly describe how the injury occurred: _____

Were parents contacted? Yes _____ No _____	Describe their reaction: _____ _____
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Student was: _____ Returned to Class _____ Sent Home _____ Taken to Hospital _____ Other (Specify) _____
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Comments: _____ _____ _____ _____
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Report Complete By: _____	Title: _____	Date: _____	Phone: _____
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Send Completed Form to: SCCD, Risk Management, 900 Otay Lakes Road, Chula Vista, CA 91910 – Attn: Priya Jerome, Director of Procurement, Central Services & Risk Management.