

# UNITED INDEPENDENT SCHOOL DISTRICT



Robert Chapa  
Director of Risk Management

## NOTICE OF CLAIM PERSONAL INJURY – PROPERTY DAMAGE

Please Print Claimant Name: \_\_\_\_\_

Type of Claim: Property Damage \_\_\_\_\_ Bodily Injury \_\_\_\_\_ Collision \_\_\_\_\_ Other \_\_\_\_\_  
a.m.

1. Date and Time when damage occurred: \_\_\_\_/\_\_\_\_/\_\_\_\_ @ \_\_\_\_:\_\_\_\_p.m.

2. Location of Incident: \_\_\_\_\_

3. Statement of how and under what circumstances the damage occurred:

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

4. Claimant Mail Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ City State Zip Code  
5. Phone number(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work

6. Type of Vehicle: \_\_\_\_\_

7. If involved is an auto accident – (List names of Passengers and/or Witnesses)

Passengers/Phone Number(s)	Witnesses/Phone Number(s)
_____	_____
_____	_____
_____	_____

All the statements made in this claim are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

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**Roberto J. Santos**  
Superintendent

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