

CLAIM FORM



Send all Correspondence to:
Andje M. Medina, Esq.
Altair Law, LLP
465 California Street, 5th Floor
San Francisco, CA 94104
Phone:
Email:

TO: Risk Management
Palo Alto Unified School District
25 Churchill Ave.
Palo Alto, CA 94306

- 1. Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence (Govt. Code, Section 911.2)
2. Claims for damages to real property or breach of contract must be filed not later than one year after the occurrence (Govt. Code, Section 911.2)

Name of Claimant: [Redacted] DOB: [Redacted] Phone No. [Redacted]
611 Barron Ave. Palo Alto, CA 94306
Address City Zip

WHEN did damage or injury occur? 04/24/2018

WHERE did damage or injury occur? Ohlone Elementary School, 950 Amarillo Ave. Palo Alto, CA 94303

HOW and under what circumstances did damage or injury occur? [Redacted] was seriously injured on a dangerous condition in the playground at [Redacted] school during class. [Redacted] slipped on newly installed sand when playing with a funnel catcher and fell face first into a concrete structure in close proximity.

WHAT particular action by the District or its employees caused the alleged damage or injury: (Include names of employees, if known) The District or its employees created the dangerous conditions that existed in the playground area. Specifically, a funnel catcher was installed in close proximity to a concrete wall with excessive sand spilling over from the adjacent sandbox that created a hazard. Newly installed sand was not maintained and allowed to spill over creating a slipping hazard. Other similar accidents have occurred.

WHAT sum do you claim: Include the estimated amount of any prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed; attach estimates or invoices, if possible. (If amount claimed exceeds \$10,000, no dollar amount shall be stated).

This information is omitted as required by Government Code section 910(f).
\$
\$
\$
Total Amount Claimed \$

If total amount claimed exceeds \$10,000, is this a Limited Civil case? Yes No X - this is an unlimited civil case

NAMES and addresses of witnesses, doctors and hospitals:

DATE: 10/23/18

Signature of Claimant: (attorney for claimant)
Jeremy Cloyd, Altair Law, LLP

NOTICE: Section 72 of the California Penal Code provides: "Every person who with intent to defraud, presents for payment to any School District any false or fraudulent claim, is guilty of a felony punishable by fine and/or imprisonment."

CLAIM FORM

APR 19 AM 9:28

TO: Risk Management  
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\_\_\_\_\_  
 Name of Claimant \_\_\_\_\_ \_\_\_\_\_  
DOB Phone No.

\_\_\_\_\_  
 Address \_\_\_\_\_ \_\_\_\_\_  
City Zip

WHEN did damage or injury occur? See Attachment.

WHERE did damage or injury occur? See Attachment.

HOW and under what circumstances did damage or injury occur? See Attachment.

WHAT particular action by the District or its employees caused the alleged damage or injury: (Include names of employees, if known) See Attachment.

WHAT sum do you claim: Include the estimated amount of any prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed; attach estimates or invoices, if possible. (If amount claimed exceeds \$10,000, no dollar amount shall be stated).

\_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_  
 Total Amount Claimed \$ \_\_\_\_\_

If total amount claimed exceeds \$10,000, is this a Limited Civil case? Yes \_\_\_\_\_ No X

NAMES and addresses of witnesses, doctors and hospitals: See Attachment.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 DATE: April 9, 2019  
\_\_\_\_\_ \_\_\_\_\_  
Signature of Claimant

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ATTACHMENT TO CLAIM OF [REDACTED] AGAINST PALO ALTO UNIFIED SCHOOL DISTRICT

[REDACTED]

WHEN did damage or injury occur?

[REDACTED] student attending El Carmelo Elementary School, sustained personal injuries and damages starting in around mid-October 2018 through in or around November 2018.

WHERE did damage or injury occur?

On the premises of El Carmelo Elementary School, located at 3024 Bryant Street, Palo Alto, California.

HOW and under what circumstances did damage or injury occur?

[REDACTED]

[REDACTED] Claimant was injured and damaged due, in part, to District's unreasonable care and supervision, resulting in abuse by School

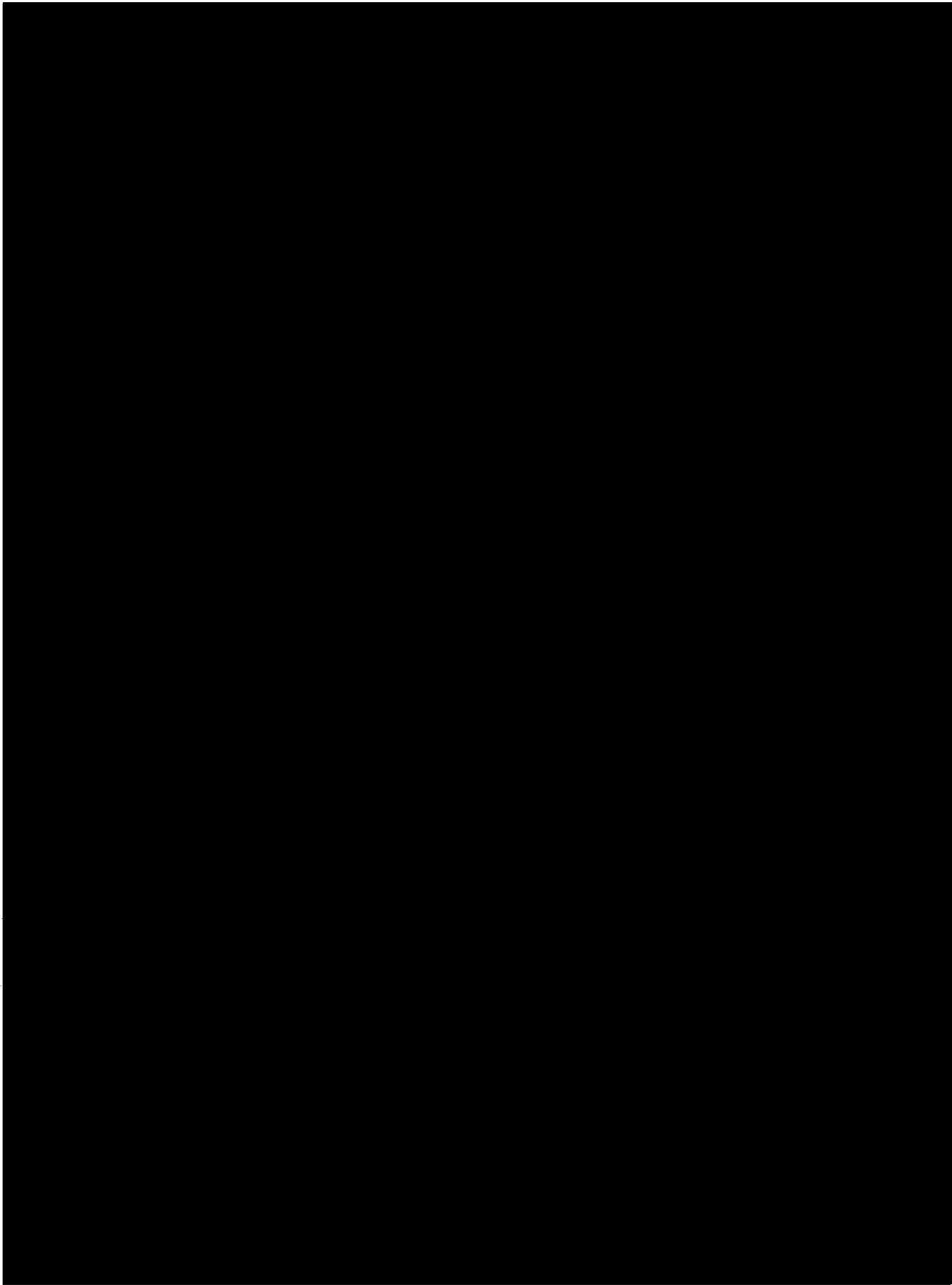
[REDACTED]

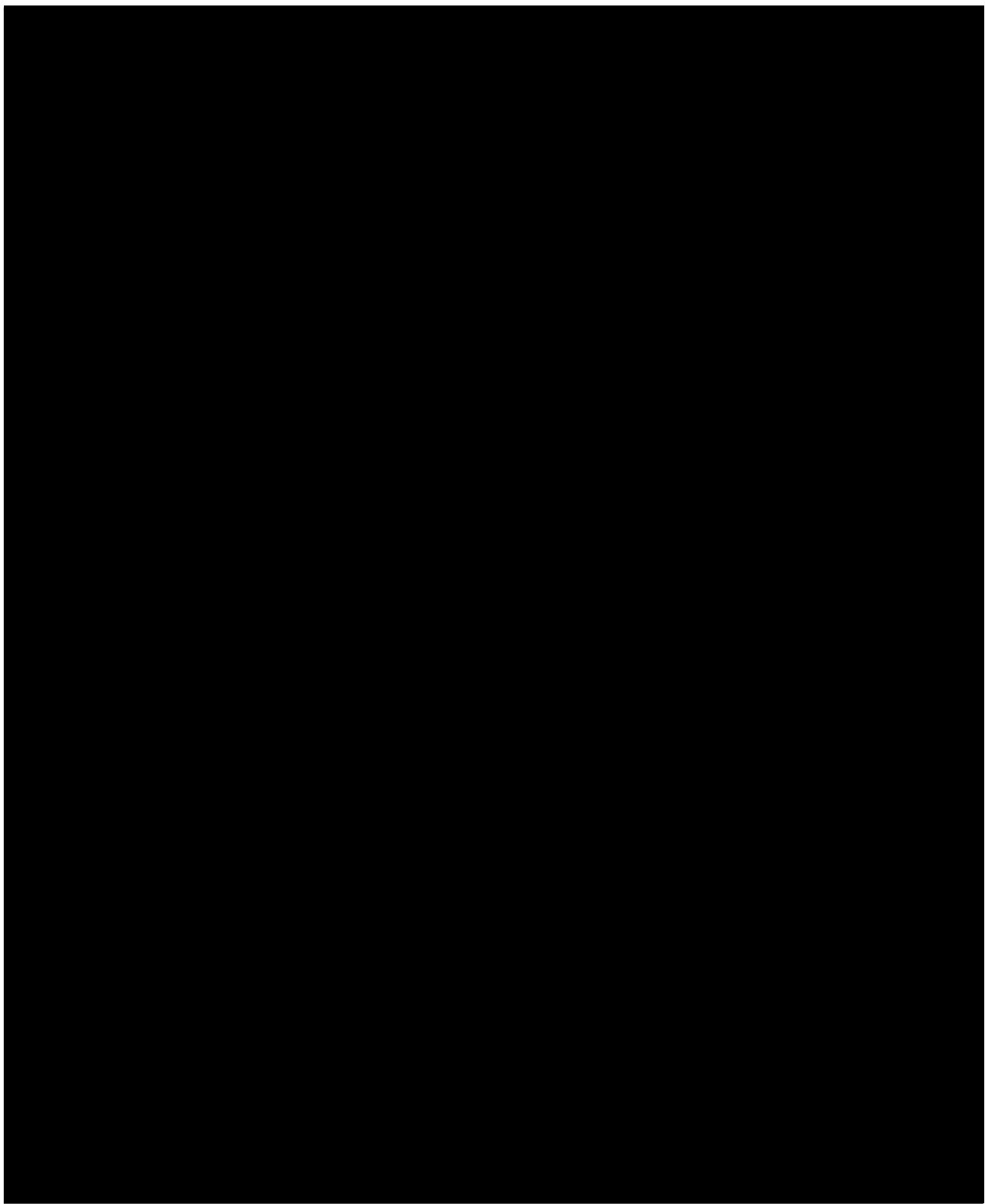
WHAT particular action by the District or its employees caused the alleged damage or injury: (include names of employees, if known)

[REDACTED]

0


C






WHAT sum do you claim:

Claimant's economic and noneconomic damages exceed \$10,000. This claim would not be a limited civil case. It would be an unlimited civil case.



NAMES and addresses of witnesses, hospitals and doctors:



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[Redacted] [Redacted] [Redacted]

Name of Claimant

DOB

Phone No

Address

City

Zip

WHEN did damage or injury occur?

3/28/19

WHERE did damage or injury occur?

Little Basin Campground, Boulder Creek, CA

HOW and under what circumstances did damage or injury occur?

See attachment

WHAT particular action by the District or its employees caused the alleged damage or injury: (Include names of employees, if known) The collection of, and subsequent misplacement of my phone for 12 days.

MAY 8 PM 12:2

WHAT sum do you claim: Include the estimated amount of any prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed; attach estimates or invoices, if possible. (If amount claimed exceeds \$10,000, no dollar amount shall be stated).

Replacement phone	\$ 760.00
Fees + taxes on replacement phone	\$ 118.38
Neighbor reimbursement for 1 month cell plan.	\$ 30.00
Total Amount Claimed	\$ 908.38

If total amount claimed exceeds \$10,000, is this a Limited Civil case? Yes  No

NAMES and addresses of witnesses, doctors and hospitals:

[Redacted]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

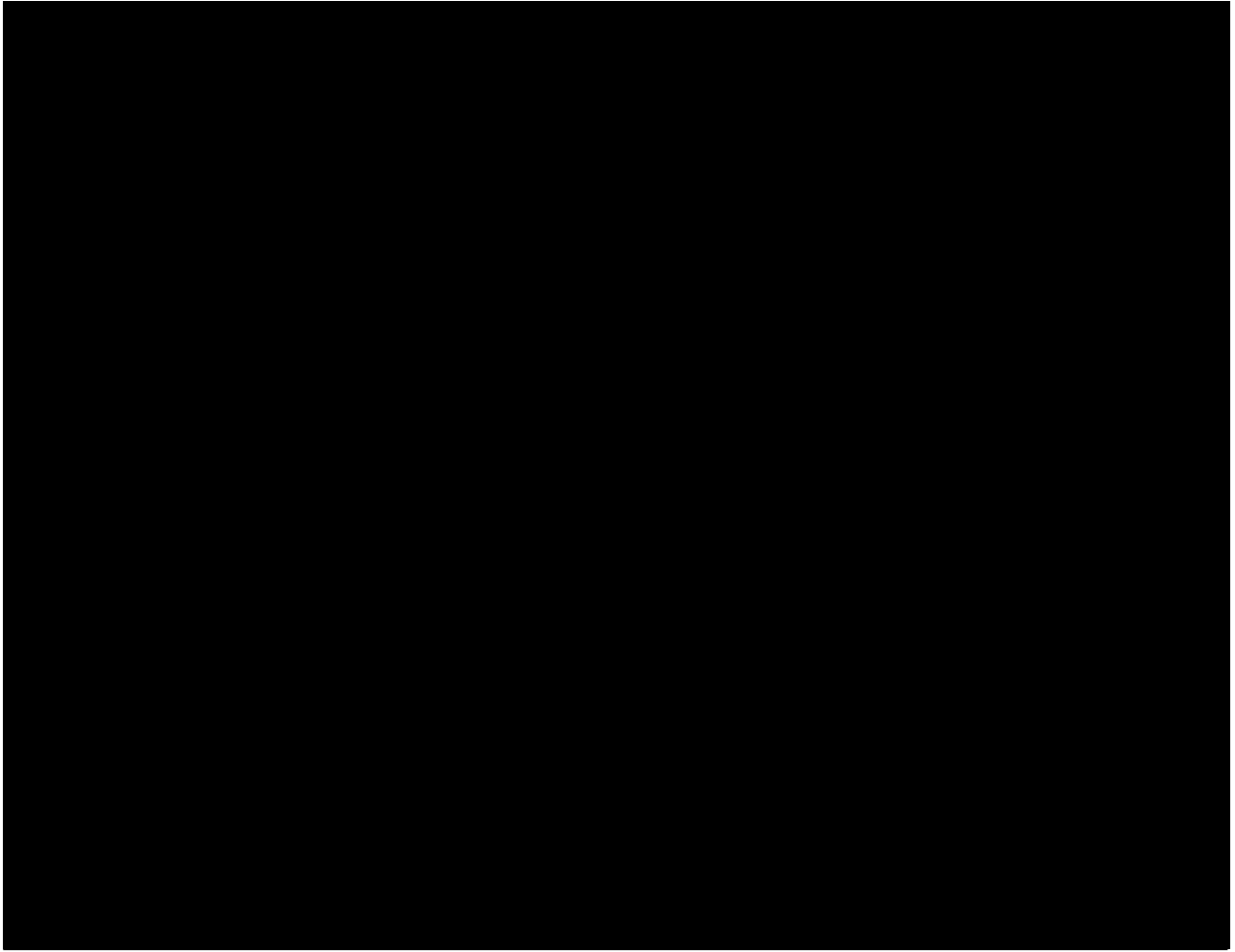
DATE:

5/2/19

[Redacted] of Claimant

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**How and under what circumstances did damage or injury occur?**





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Name of Claimant [REDACTED] DOB [REDACTED] Phone No. [REDACTED]  
 Address [REDACTED] City [REDACTED] Zip [REDACTED]

WHEN did damage or injury occur? 3/22/2019 DURING SCHOOL HOURS

WHERE did damage or injury occur? JLS STAFF PARKING (WAVERLY)

APR 8 AM '19

HOW and under what circumstances did damage or injury occur? MY CAR WAS PARKED AT JLS STARTING AROUND 7:55 AND I DISCOVERED AT AROUND 2:20 PM THAT THE REAR GLASS WAS SHATTERED. [REDACTED] REVIEWED VIDEO BY POLICE AND DETERMINED NO PERSON HIT THE GLASS. DISTRICT GARDENERS WERE WORKING NEARBY.

WHAT particular action by the District or its employees caused the alleged damage or injury: (Include names of employees, if known) IT IS HIGHLY PROBABLE THAT WEED-WACKERS OR OTHER EQUIPMENT THAT DISTRICT GARDENERS WERE USING CAUSED DEBRIS TO HIT MY CAR WINDOW AND SHATTERED THE WINDOW.

WHAT sum do you claim: Include the estimated amount of any prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed; attach estimates or invoices, if possible. (If amount claimed exceeds \$10,000, no dollar amount shall be stated).

UNITED AUTO GLASS [REDACTED] BACK GLASS \$ 385  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 Total Amount Claimed \$ 385  
 If total amount claimed exceeds \$10,000, is this a Limited Civil case? Yes \_\_\_\_\_ No \_\_\_\_\_

NAMES and addresses of witnesses, doctors and hospitals: [REDACTED]  
Community Service Officer

DATE: 3/28/2019 [REDACTED]

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[Redacted] [Redacted]  
 Name of Claimant DOB Phone No

[Redacted]  
 Address City Zip

WHEN did damage or injury occur? Friday October 12, 2018 4:30 PM

WHERE did damage or injury occur? Intersectino Coepwer and Embarcado Palto Alto SC

HOW and under what circumstances did damage or injury occur?  
Your driver [Redacted] driving Buis [Redacted] struck our stopped insured vehicle as he was attempting to make left hand turn and struck rear of vehicle.

WHAT particular action by the District or its employees caused the alleged damage or injury: (Include names of employees, if known)  
[Redacted] failed to maintain control of vehicle and proper lookout

WHAT sum do you claim: Include the estimated amount of any prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed; attach estimates or invoices, if possible. (If amount claimed exceeds \$10,000, no dollar amount shall be stated).

Property damage [Redacted] \$  
 \$ 2744.31  
 Total Amount Claimed \$ 2744.31

If total amount claimed exceeds \$10,000, is this a Limited Civil case? Yes \_\_\_\_\_ No X

NAMES and addresses of witnesses, doctors and hospitals:  
NA

DATE: February 4, 2019 [Redacted]  
 Signature of Claimant [Redacted]

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[Redacted] [Redacted] [Redacted]  
 Name of Claimant DOB Phone No.  
 [Redacted] [Redacted] [Redacted]  
 Address City Zip

WHEN did damage or injury occur? 1-31-2019  
 WHERE did damage or injury occur? Newel Rd + Woodland Palo ALTO  
 HOW and under what circumstances did damage or injury occur? My CAR WAS PARKED AND THE BUS HIT MY CAR

WHAT particular action by the District or its employees caused the alleged damage or injury: (Include names of employees, if known) [Redacted] [Redacted]

PASSENGERS IN BUS SAID DRIVER WAS REACHING FOR SMALL BROOM AND LOST CONTROL OF VEHICLE

WHAT sum do you claim: Include the estimated amount of any prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed; attach estimates or invoices, if possible. (If amount claimed exceeds \$10,000, no dollar amount shall be stated).

DOES NOT DRIVE CAR AS THE \$ \_\_\_\_\_  
DAMAGE TO FRONT OF CAR \$ \_\_\_\_\_  
REPAIRS IT \$ \_\_\_\_\_  
 Total Amount Claimed \$ \_\_\_\_\_

If total amount claimed exceeds \$10,000, is this a Limited Civil case? Yes \_\_\_\_\_ No \_\_\_\_\_

NAMES and addresses of witnesses, doctors and hospitals: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE: 3-05-19 [Redacted Signature]

Signature of Claimant

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Name of Claimant \_\_\_\_\_ DOB \_\_\_\_\_ Phone No. \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

APR 10

WHEN did damage or injury occur? 1/30/2019

WHERE did damage or injury occur? Hoover Elementary School

HOW and under what circumstances did damage or injury occur? During [redacted] meeting. Please see details in the attachment.

WHAT particular action by the District or its employees caused the alleged damage or injury: (Include names of employees, if known) Negligence of the District's warning sign on the zipline playstructure where [redacted] was injured had faded and was not readable when the incident happened.

WHAT sum do you claim: Include the estimated amount of any prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed; attach estimates or invoices, if possible. (If amount claimed exceeds \$10,000, no dollar amount shall be stated).

<u>Medical bills</u>	\$ <u>442</u>
<u>Pain, scar &amp; loss of hair on the head</u>	\$ <u>9558</u>
_____	\$ _____
Total Amount Claimed	\$ <u>10,000</u>

If total amount claimed exceeds \$10,000, is this a Limited Civil case? NA Yes \_\_\_\_\_ No \_\_\_\_\_

NAMES and addresses of witnesses, doctors and hospitals:

Doctor: MD. [redacted]

DATE: 4/9/2019

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

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Name of Claimant \_\_\_\_\_ DOB \_\_\_\_\_ Phone No. \_\_\_\_\_



Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

WHEN did damage or injury occur? 1-15-19

WHERE did damage or injury occur? Driver out side mirror

HOW and under what circumstances did damage or injury occur? Truck was parked on Almia St when I saw my truck mirror got hit by white van. School District van

WHAT particular action by the District or its employees caused the alleged damage or injury: (Include names of employees, if known) employee got close to my truck

WHAT sum do you claim: Include the estimated amount of any prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed; attach estimates or invoices, if possible. (If amount claimed exceeds \$10,000, no dollar amount shall be stated).

\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
Total Amount Claimed \$ \_\_\_\_\_

If total amount claimed exceeds \$10,000, is this a Limited Civil case? Yes \_\_\_\_\_ No \_\_\_\_\_

NAMES and addresses of witnesses, doctors and hospitals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: 2-7-19 \_\_\_\_\_  
Signature of Claimant

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[Redacted] [Redacted]

Name of Claimant [Redacted] DOB [Redacted] Phone No [Redacted]

Address [Redacted] City [Redacted] Zip [Redacted]

WHEN did damage or injury occur? 1/31/19 at 5 pm

WHERE did damage or injury occur? [Redacted] Woodland Ave

HOW and under what circumstances did damage or injury occur? PAUSD vehicle hit parked [Redacted]

WHAT particular action by the District or its employees caused the alleged damage or injury: (Include names of employees, if known)

DRIVER [Redacted] in PAUSD [Redacted] hit 2 parked vehicles

WHAT sum do you claim: Include the estimated amount of any prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed; attach estimates or invoices, if possible. (If amount claimed exceeds \$10,000, no dollar amount shall be stated).

Unknown Repair Cost, no coverage to repair w/ personal auto insurance \$ \_\_\_\_\_  
Total Amount Claimed \$ \_\_\_\_\_

If total amount claimed exceeds \$10,000, is this a Limited Civil case? Yes \_\_\_\_\_ No ✓

NAMES and addresses of witnesses, doctors and hospitals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: 5/2/19 [Redacted]

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[Redacted] Name of Claimant [Redacted] DOB [Redacted] Phone No.  
 [Redacted] Address [Redacted] City [Redacted] Zip

WHEN did damage or injury occur? 05/12/17

WHERE did damage or injury occur? Jane L. Stanford Middle School

HOW and under what circumstances did damage or injury occur? As part of a math class project, students were shooting potato guns. [Redacted] potato gun got stuck. [Redacted] looked to see why it was stuck when it went off and the potato exploded out of the gun and hit [Redacted] in the eye.

WHAT particular action by the District or its employees caused the alleged damage or injury (Include names of employees, if known) School district employees (including but not limited to, [Redacted] allowed the students to shoot these potato guns without proper supervision, without providing eye protection and allowing a non-school district employee to run the activity on campus.

JUL 31 AM 9:51

WHAT sum do you claim: Include the estimated amount of any prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed; attach estimates or invoices, if possible. (If amount claimed exceeds \$10,000, no dollar amount shall be stated).

Amount exceeds \$10,000 \$ \_\_\_\_\_  
Photos of injuries attached on disc. \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Total Amount Claimed \$ \_\_\_\_\_

If total amount claimed exceeds \$10,000, is this a Limited Civil case? Yes \_\_\_\_\_ No X

NAMES and addresses of witnesses, doctors and hospitals. [Redacted]

DATE: 7-24-17 [Signature] Attorney at Law

NOTICE: Section 72 of the California Penal Code prohibits payment to any School District any false or fraudulent claim.

[Redacted]