



# LIABILITY/PROPERTY LOSS FORM

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**CONFIDENTIAL DOCUMENT**  
**Property of School District and CRMA I ONLY**  
**This form MUST be completed immediately**  
**upon discovery of any theft, vandalism or**  
**other District Property or Liability Loss.**

<b>INSURED</b>	Name of School District: <b>Sanger Unified School District</b>		Name of School :		Phone:
	Address:				
<b>Time and Place</b>	Date and Time of Accident or Loss:				
	Location:				
<b>Description of Incident</b> <small>(attach additional list if necessary)</small>	Police Report: Yes    No    Agency/Jurisdiction: _____ Report/Case #: _____				
<b>Injured Person</b> <small>(if applicable)</small>	Name:		Age:	Married:	Male:
				Single:	Female:
	Address:				
	Occupation:		Home Phone:	Business:	
	Does Injured person have accident insurance?    Yes    No		Any other medical insurance?    Yes    No		
Company Name:		Company Name:			
What was injured doing when accident occurred?					
<b>The Injury</b> <small>(attach additional list if necessary)</small>	Nature and extent of injury:				Has injured resumed work?
	Where was injured party taken after accident?			Name of Doctor:	
<b>Property Loss or Damage</b> <small>(if applicable)</small>	Property Owner:		Address:		Phone:
	List Property Damage:				Est. Cost of Loss/Repairs: \$
<b>Witnesses</b> <small>(if applicable)</small>	Name:		Address:		Phone:
	Name:		Address:		Phone:

APPLICABLE IN CALIFORNIA: For your protection California Law required the following to appear on this form: IT IS UNLAWFUL TO (a) PRESENT OR CAUSE TO BE PRESENTED ANY FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS UNDER A CONTRACT OF INSURANCE (b) PREPARE, MAKE, OR SUBSCRIBE ANY WRITING WITH INTEND TO PRESENT OR USE THE SAME, OR TO ALLOW IT TO BE PRESENTED OR USED IN SUPPORT OF ANY SUCH CLAIM. EVERY PERSON WHO VIOLATES ANY PROVISION OF THIS SECTION IS PUNISHABLE BY IMPRISONMENT IN THE STATE PRISON NOT EXCEEDING THREE YEARS, OR BY FINE NOT EXCEEDING ONE THOUSAND DOLLARS, OR BY BOTH.

\_\_\_\_\_  
 (DATE) \_\_\_\_\_  
 (SIGNATURE)