



# LIABILITY/PROPERTY LOSS FORM

California Risk Management Authority  
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 Fresno, CA 93720  
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 Email: [Lperez@crma-jpa.org](mailto:Lperez@crma-jpa.org)

**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>River Islands Academies</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		
<b>Injured Person</b>	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:		
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>	Property Owner	Address	Phone
	List Property Damage	Est. Cost of Loss/Repairs \$	
<b>Witnesses</b>	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)