

### District Responsibility for Injuries to Persons

Except for provision of the student-accident insurance provided for on-campus and athletic coverage, the district accepts no responsibility for injuries to students or the general public while on district premises or at district off-premises events. Claims for injury due to negligence are to be filed with the Vice President of Human Resources, or the district's Risk Management Officer.

### District Responsibility for Private Property

#### 1. Privately Owned Personal Property

It is the intent of the Board of Trustees to provide supplies, tools, equipment, and other property required for employees to carry out their duties. However, the district occasionally self-insures property loaned to the district by employees or others, provided the loan has been preapproved by the District's Risk Management Officer. In the absence of specific approval, the district assumes no responsibility for loss or damage to privately owned property on district premises or used on district projects.

#### 2. Vehicles and Contents

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

### Receipt of Claims against the District

The Board of Trustees, under Government Code §935.4, authorizes the vice president of human resources, to receive and reject claims filed with the board as claims of district liability and to immediately report all property and liability claims, including personal property, theft, or vandalism claims, to the district's Joint Powers Authority (JPA) or liability insurance carrier for disposition.

If the 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 district will be notified if the JPA or excess insurer will not provide a defense.

#### MiraCosta Community College District

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Effective Date: 2/16/10, 9/2/16

CCLC Update: #4, 2/03; #22, 6/13

Periodic Review: ---

References: Education Code §72502

Government Code §§900 et seq., 910, 910.2, 910.4, 910.8, 935.2, 935.4

Steering: VPHR / N/A

The 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 district will retain a copy. The 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 district. Defense costs/ expenses of counsel not authorized by the JPA may become the district's sole responsibility.

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

1. Any claim returned may be resubmitted using the proper form (Exhibit A).
2. Claim forms can be obtained by contacting the district's risk management officer.
3. Properly completed claim forms should be submitted as follows: MiraCosta College, Attention: Risk Management Officer, 1 Barnard Drive, MS 14, Oceanside, CA 92056-3899.
4. A claim for wrongful death, personal injury, or damage to personal property must be presented on or before 6 months after the cause of action accrues. (Government Code §911.2(a).) A claim for any other cause of action may be presented as late as 1 year after the cause of action accrues. (Government Code §911.2(b).)
5. Report all student accidents involving injury on the student-accident report (Form 234). For any serious injury or fatal accident, immediately telephone the risk management officer who will contact the JPA or insurance carrier.
6. Settlements of claims above \$50,000 require prior board approval. Filed claims that the vice president of human resources, considers having the reasonable potential to result in litigation may be properly agendaized and reported to the board in closed session in accordance with the Brown Act.
7. Government Code §935.4 authorizes the district to delegate to an employee such functions relating to claims as the district designates (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 §§910.8 and 935.4, the district designates the vice president of human resources, or designee as the person authorized to receive and reject claims filed with the board of trustees and to settle claims up to \$50,000 under Government Code §900, et.seq.

**CLAIM AGAINST THE MIRACOSTA COMMUNITY COLLEGE DISTRICT  
ONE BARNARD DRIVE – OCEANSIDE, CA 92056  
ATTENTION: JOSEPH J. MAZZA, RISK MANAGEMENT OFFICER**

<b>Name of Claimant</b>	<b>Mailing Address*</b>	<b>Zip</b>	<b>Telephone</b>
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**INSTRUCTIONS**

Claims against the MiraCosta Community College District must be filed with the Board of Trustees 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**

<b>Date</b>	<b>Time</b>	<b>Place</b>
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**2. STATEMENT OF INCIDENT**

(Specify the particular act or omission you claim caused the injury, damage, or loss, if known.)

**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 know, state "not known.")

**4. DESCRIPTION OF INCURRED INDEBTEDNESS, OBLIGATION, INJURY, DAMAGE, OR LOSS**

<p>a. General Description (so far as known as of the date of this claim)</p> <p>_____</p> <p>_____</p> <p>b. Name of person/s causing the above</p> <p>_____</p> <p>_____</p>	<p>c. Name of person injured</p> <p>_____</p> <p>Description of personal injury</p> <p>_____</p> <p>d. Name of property owner</p> <p>_____</p> <p>Description of Property Damaged</p> <p>_____</p>
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**5. CLAIM**

<p>a. Amount claimed as of date of this claim _____</p> <p>b. Estimated amount of any prospective injury, damage, or loss. _____</p>	<p>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.)</p> <p>d. Basis of computation of amount claimed. Limited civil case Yes _____ No _____</p>
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**6. EYEWITNESSES, ATTENDING PHYSICIAN, HOSPITAL, ETC.**

<b>Name</b>	<b>Address</b>	<b>Telephone</b>
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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 subject to fines and confinement in state prison. CALIFORNIA INSURANCE FRAUDS PREVENTION ACT 1871.2

**SIGNATURE OF CLAIMANT OR PERSON ON CLAIMANT'S BEHALF** \_\_\_\_\_

**DATE OF CLAIM** \_\_\_\_\_