



**ACCIDENT OR DAMAGE**

**CLAIM FORM**

Please complete all sections. Incomplete submittals will be returned, unprocessed. Use a typewriter or print in ink.

FOR AUTHORITY USE ONLY	
Document No.:	_____
Filed:	_____

1) Claimant Name:

2) Address to which correspondence regarding this claim should be sent:

Telephone No.:

Date:

3) Date and time of incident:

4) Location of incident:

5) Description of incident resulting in claim:

6) Name(s) of the Authority employee(s) causing the injury, damage or loss, if known:

7) Persons having firsthand knowledge of incident:

Witness (es)	Physician(s):
Name:	Name:
Address:	Address:
Phone:	Phone:

8) Describe property damage or personal injury claimed:
9) Owner and location of damaged property or name/address of person injured:
10) Detailed list and amount of damages claimed as of date of presentation of claim, including prospective damages. If amount exceeds \$10,000.00, a specific amount need not be included.

Dated:

Claimant:

(Original Signature)

**Notice to Claimant:**

Where space is insufficient, please use additional paper and identify information by proper section number. You or your representative are required to sign this form (G.C. §910.2). Presentation of a false claim with intent to defraud is a felony (Penal Code §72).

Mail completed original form to:

OR

Deliver completed original form in person to:

Claims  
 San Diego County Regional Airport Authority  
 P.O. Box 82776  
 San Diego, CA 92138-2776

San Diego County Regional Airport Authority  
 Administration Reception Desk  
 2417 McCain Rd.  
 San Diego, CA 92101