SANTA MONICA MALIBU UNIFIED SCHOOL DISTRICT
1651 16th Street
Santa Monica, CA., 90404-3891

AMENDED CLAIM FOR DAMAGES

TO: BOARD OF EDUCATION

[redacted], [redacted], [redacted], 17 years

Name of Claimant Address City Zip Phone Age

Eric N. Wilson, Parris Law Firm, 43364 10th street west, Lancaster, CA 93534, t: 661.949.2595

(Address to which notices should be sent if different from above)

WHEN did damage or injury occur? 8.22.19

WHERE did damage or injury occur? Santa Monica High School Pool facility

HOW and under what circumstances did damage or injury occur?

Claimant was swimming, water polo workout, in the Santa Monica HS Pool

Claimant smelled a heavy gas odor in the pool, took two breaths and immediately became ill.

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

Exposure to chlorine caused lung injury, difficulty in perfomring physical activity, and difficulty sleeping.

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 for computation of the amount claimed. (Attach estimates or bills, if possible.)

_____ $ _____

_____ $ _____

Total Amount Claimed $ unlimited jurisdiction

NAMES and addresses of witnesses, doctors, and hospitals:

Santa Monica UCLA emergency room Santa Monica UCLA medical center

_____ 09/10/19

Signature of Claimant Date

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.

This form is provided pursuant to Government Code Section 910.4 and shall be used by any person presenting a claim to the District under Government Code Section 900 et seq. If additional space is needed for any of the required information, please attach additional sheets.

Ref. California Government Code Sections 910-913.2

:Claim Form 2003