

Spreckels Union School District

Business

Exhibit #3320.1

LIABILITY CLAIM FORM

TO: Veronica Hournoy, Business Manager, Spreckels Union School District
P. O. Box 7308, 4th and Hatton St., Spreckels, CA 93962

- 1. Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence (Govt Code~ Section 911.2)
2. Claims for damages to real property or breach of contract must be filed not later than one y~ after the occurrence (Govt. Code, Section 911.2)

Name of Claimant: Jessica Konen
Date of Birth:
Phone Number:
Address:
City:
Zip:

WHEN did damage or injury occur? Spring / Fall 2019 and ongoing
WHERE did damage or injury occur? Buena Vista Middle School
HOW and under what circumstances did damage or injury occur? See attached Statement of Facts and Claims

WHAT particular action by the District or its employees caused the alleged damage or injury. (Include names of employees, if known) See attached Statement of Facts and Claims

WHAT sum do you claim: Include the estimated amount of my prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed, attach estimates or invoices, if possible, (If amount claimed exceeds \$10,000, no dollar amount shall be stated).

Total Amount Claimed \$ Over \$10,000

If total amount claimed exceeds \$10,000, is this a Limited Civil case? Yes No X

NAMES and addresses of witnesses, doctors and hospitals: Lori Caldiera (address unknown), Kelly Baraki (address unknown), Katelyn Pagaran (address unknown), Jessica Konen (address above), address above

DATE: 1/17/22 Signature of Claimant: [Signature]

NOTICE: Section 72 of the California Penal Code provides: "Every person who with intent to defraud, presents for payment to my School District any false or fraudulent claim, is guilty of a felony punishable by fine and/or imprisonment.