

CLAIM FOR DAMAGE OR INJURY

A CLAIMANT MUST PROVIDE ALL INFORMATION AND DOCUMENTATION REQUIRED

| | |
|--------------------------------|--------------------------|
| 1. CLAIMANT INFORMATION | 2. CONTACT METHOD |
| Name | Home |
| Address | Cell |
| City, State, Zip | Email |

3. Type of Claim (please choose below)

- VEHICLE DAMAGE – ARE YOU THE OWNER OF THE VEHICLE?** Yes No
- OTHER PROPERTY DAMAGE – ARE YOU THE OWNER OF THE PROPERTY?** Yes No
- PERSONAL INJURY – ARE YOU A MEDICARE RECIPIENT?** Yes No

ACCIDENT / INCIDENT INFORMATION

| | | |
|---|--|------------------------------------|
| 4. DATE & TIME OF INCIDENT : | 5. ADDRESS / LOCATION OF INCIDENT : | 6. POLICE AGENCY/ REPORT #: |
| | | |

7. PROPERTY OR EQUIPMENT INVOLVED. DESCRIPTION OF DAMAGE TO VEHICLE(S) / OTHER PROPERTY / EQUIPMENT:

8. THOROUGHLY DESCRIBE THE INCIDENT AND/OR PROPERTY DAMAGE AND THE CONDITIONS THAT CAUSED THE INCIDENT AND/OR DAMAGES, AND DESCRIBE THE FACTS UPON WHICH YOU BELIEVE THE CITY IS LIABLE FOR THE DAMAGE YOU CLAIM:

AMOUNT OF CLAIM

9. AMOUNT OF DAMAGES CLAIMED: \$ (Claimant must attach documentation of amount being claimed)

DAMAGED VEHICLE INFORMATION

10. NAME, ADDRESS AND PHONE NUMBER OF VEHICLE OWNER (if claimant is not the owner):

| | | |
|---|-----------------------------------|--|
| 11. VEHICLE YEAR / MAKE / MODEL: | 12. PLATE #: STATE: | 13. HAVE YOU FILED A CLAIM ON THE VEHICLE'S INSURANCE CARRIER? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|-----------------------------------|--|

PERSONAL INJURY

14. STATE NATURE AND EXTENT OF THE INJURY WHICH FORMS THE BASIS OF THE CLAIM:

******WARNING IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM******

SIGNATURE OF CLAIMANT
(Required at Time of Submittal to City)

I CERTIFY UNDER OATH THAT ALL THE INFORMATION ABOVE IS CORRECT.

| | | | |
|------------------------------|-----------------------------------|-----------------------|--------------------|
| 15. DATE CLAIM FILED: | 16. SIGNATURE OF CLAIMANT: | | |
| INTERNAL USE ONLY: | | | |
| SUBMITAL DATE: | LS CLAIM #: | DEPT. ADVISED: | OTHER INFO: |