



**CLAIM FOR DAMAGES**

Date of incident: \_\_\_\_\_ Time Occurred: \_\_\_\_ A.M. \_\_\_\_ P.M. \_\_\_\_\_

Place of incident: \_\_\_\_\_

Name of claimant: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Was anyone injured? \_\_\_\_\_ Injured's Name: \_\_\_\_\_

Description of the incident:  
\_\_\_\_\_  
\_\_\_\_\_

Did we respond to a call: \_\_\_\_\_ Who responded? \_\_\_\_\_

What was the outcome? \_\_\_\_\_  
\_\_\_\_\_

Signature of Claimant: \_\_\_\_\_

Date: \_\_\_\_\_

**To be completed by City after filed.**

Date we notified insurance Co.: \_\_\_\_\_

Outcome of the claim: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_