

CLAIM FOR DAMAGE

This form is being provided to assist you in filing your Claim with the City of Idaho Falls. Providing this form is not an admission nor shall it be construed to be an admission of liability or an acknowledgment of the validity of a claim by the political subdivision.

PERSONAL INFORMATION:

NAME _____
CURRENT ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOME TELEPHONE NUMBER _____ WORK TELEPHONE NUMBER _____
EMPLOYED BY _____ OCCUPATION _____ HOW LONG _____

CLAIM INFORMATION:

DATE CLAIM OCCURRED _____ TIME _____ A.M. _____ P.M. LOCATION _____
YOUR ADDRESS FOR THE SIX MONTHS
IMMEDIATELY PRIOR TO DATE CLAIM OCCURRED _____
DESCRIBE HOW CLAIM OCCURRED:

PROPERTY DAMAGE:

DESCRIBE PROPERTY (IF AUTO - YEAR, MAKE, MODEL, AND LICENSE NUMBER):

OWNER'S NAME AND ADDRESS _____
YOUR INSURANCE COMPANY _____
DRIVER'S NAME AND ADDRESS _____
DRIVER'S TELEPHONE NUMBER _____
DESCRIBE DAMAGE _____
ESTIMATE AMOUNT \$ _____ PROPERTY CAN BE SEEN AT _____

PERSONAL INJURY:

WERE YOU INJURED? _____ DESCRIBE INJURIES _____
NAME AND ADDRESS OF DOCTOR _____
ARE YOU PRESENTLY UNDER DOCTOR'S CARE? _____
NAME AND ADDRESS OF HOSPITAL _____
DATE HOSPITALIZED _____ WERE YOU AN INPATIENT? _____
WAS ANYONE ELSE INJURED? _____ NAMES AND ADDRESSES _____

IF YOU ARE ON MEDICARE/MEDICAID, PLEASE FILL OUT THE FOLLOWING AS REQUIRED BY 42 U.S. C. 1395.

DATE OF BIRTH _____ SSN _____
MEDICARE/MEDICAID NUMBER _____

OTHER INFORMATION:

WERE THERE ANY WITNESSES? _____

| NAME AND ADDRESS | TELEPHONE NUMBER | YOUR VEHICLE | OTHER VEHICLE | OTHER |
|------------------|------------------|--------------|---------------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

DID POLICE INVESTIGATE? _____ NAME OF POLICE DEPARTMENT _____

REPORT NUMBER _____ OFFICER NAME _____

I HEREBY CERTIFY THAT I HAVE READ THE PRECEDING INFORMATION AND IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

I HEREBY MAKE A CLAIM AGAINST _____

FOR _____ (DAMAGE, INJURY, ETC.)

IN THE AMOUNT OF \$ _____

DATE: _____

(SIGNATURE)

YOU MAY ATTACH ANY OTHER INFORMATION OR DOCUMENTATION YOU SO DESIRE.

PLEASE RETURN FORM AND ATTACHMENTS TO:

CITY CLERK'S OFFICE
CITY OF IDAHO FALLS
308 CONSTITUTION WAY
P. O. BOX 50220
IDAHO FALLS, IDAHO 83405

EMAIL: ifclerk@idahofallsidaho.gov

FAX NUMBER: (208) 612-8560