

Section 2:FOR CLAIMS CONCERNING VEHICLE DAMAGE OR AN AUTOMOBILE ACCIDENT

VEHICLE MAKE		YEAR	TYPE	LICENSE NO.
OWNER'S NAME		OWNER'S ADDRESS		
DRIVER'S NAME		DRIVER'S ADDRESS		
Were you or anyone else injured? Yes ___ No ___ If yes, complete Personal Injury section.				#People in Car:
NAME OF INJURED PERSON 1		ADDRESS		
NAME OF INJURED PERSON 2		ADDRESS		
NAME OF OTHER VEHICLE OCCUPANT 1		ADDRESS		
NAME OF OTHER VEHICLE OCCUPANT 1		ADDRESS		
AUTO INSURANCE COMPANY NAME		MEDICAL INSURANCE COMPANY NAME		
ESTIMATED REPAIR COST	DEDUCTIBLE AMOUNT		DESCRIBE DAMAGE TO VEHICLE	

Section 3:FOR CLAIMS CONCERNING PERSONAL INJURY

NEAREST ADDRESS OF INCIDENT OCCURANCE			
NATURE AND EXTENT OF YOUR INJURY			
ATTENDING PHYSICIAN NAME		ATTENDING PHYSICIAN ADDRESS	
TOTAL TYPE OF MEDICAL EXPENSES TO DATE			
TOTAL MEDICAL EXPENSES TO DATE \$	AMOUNT PAID BY INSURANCE \$	AMOUNT PAID BY YOU \$	AMOUNT OF WAGES LOST \$
HEALTH INSURANCE COMPANY NAME	DEDUCTIBLE AMOUNT \$	NAME OF HOSPITAL TRANSPORTED TO	

LIST AND EXPLAIN ANY PHYSICAL DISABILITY
PROVIDE DATE AND NATURE OF ANY PRIOR INJURIES

Section 4: FOR CLAIMS CONCERNING PROPERTY DAMAGE OTHER THAN AUTOMOBILE

CAUSE OF DAMAGE	NAME OF CITY EMPLOYEE CONTACTED	DATE
NAME OF PROPERTY		DEDUCTIBLE AMOUNT
INSURANCE COMPANY		

I hereby attest that the above information is true to the best of my knowledge and belief.

Signature _____

Date _____