

**The following instructions are to assist in the completion of the Claim/Incident Report:**

1. **Name of Member:** *Municipality Name*, NOT the person completing form or claimant or department involved in accident.
2. **Department:** Means *the department involved in accident* NOT the department completing the form.
3. **Phone Number:** Means *telephone number of the department involved in the accident* NOT the person or department completing the form.
4. **Reported By:** Means individual reporting the accident to the Member contact or other person who completed the form.
5. **Exact Location:** Please show City or Town. Also, please note *under (22) if outside jurisdiction of Member*.
6. **Date of Claim/Incident:** Date when accident occurred.
7. **Time:** Time of accident reported in (6).
8. **Date Reported:** The date that the Member was first advised by claimant or sub-department that accident had occurred.

**PERSONAL INJURY**

Claim          Incident

9. **Name and Address:** Of injured person or person making claim or the party responsible for damage/accident.
10. **Occupation:** of (9)
11. **Phone:** of (9)
12. **Nature of Injury:** If appropriate (BI) ie., cut, bruises, breaks.
13. **Age:** of (9)
14. **Part of Body Injured:** If appropriate (BI) ie., arm, leg, ankle.

**PROPERTY DAMAGE**

Claim   Incident

15. **Property Damaged:** If appropriate (PD) ie., shed, truck, pole.
16. **Nature of Damage:** If appropriate (PD) ie., fire, wind, struck by auto.

17. **Extent of Damage:** Total, partial, minor, etc.

**\*\* (18 and 19 are either/or questions) \*\***

18. **Estimated Cost:** If actual cost not known, please make guess as to amount of loss.

19. **Actual Cost:** If known, please state actual cost of repairs or amount of loss.

20. **Witnesses Names and Addresses.**

21. **Describe clearly how the claims/incident occurred (attach any supporting data):**

Please submit as much information as possible with regard to each claim with your Initial Accident Report. Please advise us if the location of the accident is not under the jurisdiction of your Municipality. Please forward any estimates, invoices or other back-up documents that are not available. If at all possible, please try to get photographs of the scene of any accident. The sooner the pictures are taken, the more valuable they become because the more accurately they show the conditions at the time the accident happened.

Regarding roadway or sidewalk slip and falls, if you know that the defect has been repaired, please note this on your initial report. **Second**, with slip and fall cases, if you can attach a copy of your Sidewalk Ordinance to the report where applicable, it is very helpful. **Third**, if you can provide the name and address of any abutting property owner, we can immediately place them on notice of the claim. **Fourth**, if the Member had any prior notice of the defect, please note this in item 22.

22. **Loss Potential:** Major Serious Minor

23. **Probable Recurrence:** Frequent Occasional Rare

24. **Suggestions or actions taken to prevent recurrence:**

25. **LAWSUIT** Please complete sections A, B and C and attach to all lawsuits submitted to the Claims Office.

26. **Submitted by:** Would mean individual person completing form.

27. **Date:** Is the date person identified in (26) filled out form.

***The remainder of the form 28 and 29 are for Administrative use.***