



Return Form To: Risk Management, 110 N. 1st Street., Indianola, IA 50125 (515) 961-9410

DAMAGE CLAIM FORM

This is a filing of a claim against the City of Indianola. You should complete this report in full, as this report constitutes your claim against the entity.

You are advised that no representation made by you to any employee of the entity is a part of this report unless in the report. No representation made to you by any employee of the entity can, in any way, waive any of the requirements of law as to this report of your claim.

You are further advised that failure to file this report within sixty (60) days of the date of the occurrence may invalidate your claim against the City of Indianola.

To: City of Indianola

You are hereby notified of the following claim made upon you by the undersigned as a result of the loss reported herein:

1. Name of claimant: _____
2. Address: _____
3. Telephone number: Home: _____ Work: _____
Cell: _____
4. Date of Loss: _____ Time of Loss: _____
5. Location of accident or loss (be specific): _____

6. Describe the accident or occurrence which caused injury or damage. (Give full details upon which you have your claim. If an employee was involved, give name(s).)

7. What were the weather conditions?

8. Please provide name(s) and address of any witnesses. _____

CONTINUE ON REVERSE SIDE

9. Did police investigate the accident? Yes No If yes, give name(s) of Police officer(s).

10. Was anyone injured? Yes No If yes, give name(s), address and extent of injuries.

11. Was any damage done to property? Yes No If yes, describe property and extent of damage. Attach estimates of damages or describe basis for ascertaining the extent of damage.

12. What other damages do you claim, if any? _____

13. Have you been compensated for any part /or all of your claim by any insurance company?
 Yes No. If yes, give name(s) and address of insurance company and amount paid.

14. What amount do you claim in damages from entity?

15. Have you made any claim against anyone else for damages as a result of this occurrence?
 Yes No If yes, give name(s) and address(s).

16. If the answer to question 15 is yes, have you received any payment from that source?
 Yes No. If yes, what is the amount? _____

Dated at _____, Iowa, this _____ day of _____, 20_____

Signature of Claimant _____