

NOTICE OF CLAIM AGAINST

Forward To:

1. Claimant:

_____	_____	_____	_____
Last	First	Middle	Telephone (Area Code) Number
_____			_____
Street Address			Mailing address if other than address
_____			_____
Date of Birth/Social Security #			City State Zip Code

If notes and correspondence in connection with this claim are to be sent to a person other than claimant, complete item #2.

2. _____

Name	_____
Mailing Address	_____
_____	_____
City	State Zip Code
_____	_____
Telephone (Area Code) Number	_____

Relationship to claimant: Spouse () or _____

_____ Explain Relationship

3.a. The occurrence or accident which gave rise to this claim:

_____	_____
Date	Time

b. Describe the location or place of the accident or occurrence

_____	_____
Municipality	Exact location of the occurrence

- c. Describe how the accident or occurrence happened: If a diagram will assist your explanation, please use the reverse side of this form.

- d. State the name and address of the Municipality, Agency or Commission that you claim caused your damage.

- e. State the names of employees whom you claim were at fault, including any information that will assist in identifying and locating them.

- f. State in detail each and every negligent or wrongful act of the employees which caused your damage.

- g. State the name and address of all witnesses to the accident or occurrence.

- h. If vehicle accident, state the names, address, age and relationship to insured of all passengers in your vehicle.

- i. State the names of all police officers and police departments who investigated the accident.

4.a. Claim for damages (check appropriate block)

() Bodily Injury () Property Damage () Other-explain
in detail

b. If you claim Bodily injury,

- (1) Describe your injuries resulting from this accident
or occurrence:

- (2) Do you claim permanent disability resulting from this
injury? Yes No
If yes, describe the injuries believed to be permanent.

- (3) For each hospital, doctor or other practitioner rendering
treatment, examination or diagnostic service, state:

(a) Name of hospital, doctor or other facility;

(b) Address;

(c) Nature of and dates of treatment or services;

(d) Amount of charges to date;

(e) Amount paid or payable by other sources such as insurance.

(4) If you claim loss of wages or income as a result of the injury, state:

Name of employer

Address of employer

Your occupation

Date you became employer at this job

Rate of Pay

Dates of absence from work

Total lost wages to date

If still out work, expected date of return.

NOTE: If you claimed loss of income, attach a calculation showing the basis of your calculation of lost income.

(5) Set forth any and all other losses or damages claimed by you.

c. If you claim property damage:

(1) Describe the property damaged (if vehicle, include make, model, year, color, vehicle identification number, license plate number, state and parts of vehicle damaged.)

(2) The present location and time when the property may be inspected.

(3) Date property acquired _____

(4) Cost of the property \$ _____

(5) Value of property at time of accident or occurrence
complained of \$ _____

(6) Description of damage _____

(7) Has the damage been repaired? _____ If so, by whom, when
and cost of repairs (attach receipts for payment hereto)

(8) Attach each estimate of repair costs to this form.

(9) Set forth in detail the loss claimed by you for property
damage and the method by which you made the calculation.

d. Set forth in detail all other items of loss or damages claimed
by you and the method by which you made the calculation.

5. The amount of the claim and the method by which the amount of the
claim has been calculated.

6. Have you made a claim against anyone else for any of the losses
or expenses claimed in this notice? _____

If yes, set forth the names and addresses of all persons and insurance companies against whom you have made such claims.

7. Are any of the losses or expenses claimed herein covered by any policy of insurance? _____

For each such policy, state the names and address of the insurance company, policy number and benefits paid or payable.

8. Have you received or agreed to receive any money from anyone for damages claimed herein? _____ If so, set forth the details of such agreement. _____

9. List the names and addresses of each of the claimant's expert witnesses.

The following items must be submitted with this notice:

- (1) Copies of itemized bills for each medical expense and other losses and expenses claimed.
- (2) Full copies of all appraisals and estimates of property damage claimed by you.
- (3) Copies of all written reports, or summaries of all oral reports or statements, of all expert witnesses and treating physicians.
- (4) A letter from your employer verifying your lost wages. If self-employed, or claiming lost profits, a statement showing the calculation of your claimed lost income and Federal and State corporate or individual tax returns for the five years prior to the date of the accident or occurrence complained of.

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Claimant or person filing claim on
behalf of claimant.

DATED:

Dated:
February 28, 2000