

CITY OF HALTOM CITY
Bodily Injury or Auto/Property Damage Claim Form

INSTRUCTIONS: This form should be completed to report a claim against the City involving bodily injury or auto/property damage. Please complete, sign, and submit this form to the City within 30 days of the incident. The claim will be investigated by an adjuster to determine liability. If a question does not apply, please indicate 'n/a' in the space provided. If the claimant does not know the answer to a question, please put 'unknown' in the space provided. A completed form may be faxed to Human Resources/Risk Management at (817) 222-7740, but the signed original must be mailed or hand-delivered to 5024 Broadway Ave., Haltom City, TX 76117 as soon as possible. If you have questions or need help completing this form, please contact Human Resources/Risk Management at (817) 222-7742 or (817) 222-7737.

CLAIMANT INFORMATION

Name of Claimant(s): _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work/Cell Phone #: _____ D.O.B.: _____

If claimant is a minor (less than 18 years of age when incident occurred), provide parent/guardian name, address, and telephone #: _____

INCIDENT INFORMATION

(Answer all questions pertaining to this specific incident.)

Date of incident: _____ Day of week: _____ Time of incident: _____ AM/PM

Address where incident occurred (if a business, include name of business; if no exact address, include approximate block number, street, and nearest cross roads): _____

Detailed description of City vehicle/equipment, property and/or driver involved in the incident (include driver's name, department, vehicle unit number, if known):

Weather Condition: _____ Road Condition: _____ Visibility: _____

Detailed description of incident resulting in bodily injury and/or property damage (include description of activity leading up to incident, other physical conditions at incident location, and any other factors that may have contributed to the incident.):

Please list any witnesses to the incident:

Name: _____ Relationship: _____ Telephone #: _____

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Were the Police, Fire/EMS, or other City department contacted? Yes No If yes, department name: _____

If yes, name of person(s) responding: _____

Date/Time contact was made: _____ Report/Case # _____ Attach a copy of report if available.

Explain any traffic violations/citations given to any drivers: _____

BODILY INJURY INFORMATION

(Respond to the following questions if claimant suffered bodily injury.)

Did the claimant suffer a bodily injury as a result of this incident? Yes No

Body part(s) injured: _____ Type of injury: _____

Has medical attention been sought by the injured claimant? Yes No

Did claimant request or reject immediate medical attention? Yes No

Please list the types of medical services that have been utilized by claimant: _____

Please list the types of medical services that are anticipated in the future by claimant: _____

Has a claim been filed, or will a claim be filed, with the claimant's medical insurance company? Yes No

Please explain: _____

List all estimated medical costs.

Expenses already incurred: \$ _____ Anticipated future expenses: \$ _____

Attach documents that support these costs, if available.

Please explain why the claimant believes the City should pay for medical expenses or other costs associated with this incident:

DRIVER/AUTO DAMAGE INFORMATION

(If this claim involves damage to claimant's automobile, please complete this section.)

Was the Claimant, as identified above, also the Driver at the time of this incident? Yes No If yes, please indicate "same".

Name of Driver: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work/Cell Phone #: _____ DOB: _____

Driver's License Information

Type: Operator Commercial Class: A B C No. _____ State/Issue: _____ Exp. Date: _____

Auto Information

Year: _____ Make: _____ Model: _____ License Plate No.: _____

Is the Claimant the owner of the above listed automobile? Yes No If no, please provide the owner's name, address, and phone number(s): _____

Location of Auto: _____

Describe in detail the damage to the above automobile: _____

List all estimated repair costs.

Expenses already incurred: \$ _____ Anticipated future expenses: \$ _____

Is there a repair estimate/invoice attached? Yes No Is there prior damage to auto? Yes No

Is Auto insured? Yes No Insurance Company: _____ Policy No.: _____

Has a claim been filed, or will a claim be filed, with the claimant's insurance company? Yes No Please explain: _____

Please explain in detail why the claimant believes the City should pay for these damages or other costs associated with this incident:

PROPERTY DAMAGE INFORMATION

(If this claim involves damage to claimant's property (other than automobile), please complete this section.)

Did claimant sustain property damage (other than automobile) as a result of this incident? Yes No

Please describe in detail the property damage that occurred as a result of this incident (list all buildings, furniture, fixtures, equipment, personal property, etc. that was damaged and the extent of the damage):

Has a claim been filed, or will a claim be filed, with the claimant's or owners insurance company? Please explain: _____

Is the Claimant the owner of the damaged property? Yes No If no, please provide the owner's name, address, and phone number(s): _____

List all estimated repair costs.

Expenses already incurred: \$ _____ Anticipated future expenses: \$ _____

Is there a repair estimate/invoice attached? Yes No Is there prior damage to the property? Yes No

Please explain in detail why the claimant believes the City should pay for property damages or other costs associated with this incident: _____

ACKNOWLEDGEMENT

I certify that the information submitted on and attached to this form to be true, correct, and complete. I understand that this claim will be investigated and adjusted in accordance with the Texas Tort Claims Act under which municipal liability is limited in certain circumstances and that submitting this claim notice does not indicate that the City will accept liability and/or make payment on my claim. I understand that I am solely responsible for obtaining and financially securing the necessary medical attention, the appropriate physical repairs to my property, and any security precautions during the investigation of my claim. I understand that City employees and the adjusting company are not authorized to and will not accept liability, authorize repairs, or commit financial settlements on behalf of the City without a full investigation of the claim.

Printed Name of Claimant

Signature of Claimant

Date

Printed Name of Parent/Guardian if Claimant is a Minor

Signature of Parent/Guardian if Claimant is a Minor

Date