



CLAIM FORM

Date of Incident: _____ **Today's Date:** _____

Claimant(s) Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: (Home) _____ **(Work)** _____

Police report made? Yes _____ No _____

Police Department: _____ Report Number: _____

Incident Location: _____
(If the exact address is not known please provide cross streets and/or landmarks)

City: _____ Zip: _____

PROPERTY DAMAGE: (IF APPLICABLE)

Description/Type of Damage: _____

(If damaged property is a vehicle, please provide the year, make, and model)

Amount of Damages: _____
(If possible, please provide proof of damages such as photos and the estimates/invoices for repair or replacement)

Owner of Damaged Property, *if different*: _____

Owner's Daytime Phone Number: _____

PERSONAL INJURY: (IF APPLICABLE)

Was anyone injured? _____ If so, answer the following:

Injured Person's Name, *if different*: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ Date of Birth: _____

Social Security Number: _____

Describe injuries: _____

Was medical treatment provided? _____ If so, name of provider: _____

If applicable, how much were your medical costs? _____

Important: Describe in your own words how incident occurred:

Statement of Incident:

(If additional space needed, please use back of form)

WITNESS

Were there any witnesses? _____ If so, please complete below:

Witness Name(s): _____

Witness Daytime Number: _____

Additional Comments:

Methods to return Form: Fax 770-473-5907 and/or Email: riskmanagementclaims@claytoncountyga.gov

Claimant Signature: _____ Date: _____

By signing above I acknowledge that the facts stated in this claim form are true and correct to the best of my knowledge. I further understand that Clayton County Board of Commissioners, a government entity, has not accepted liability nor denied liability in any claim until an investigation is completed. Upon receipt of your completed claim form an investigation will be conducted. You will be notified in writing of our decision.