



City of Davenport Claim Form

You should complete this form in full as it constitutes the basis of your claim against the city and will be used by the city to determine what, if any, liability the city bears as to the specific claim you are making. Failing to answer relevant questions may invalidate your claim. If more space is needed for any answer, attach additional paper. **Upon completion return this form to: Risk Manager, City of Davenport, 226 West 4th Street, Davenport, IA 52801.**

The City of Davenport, Iowa, is hereby notified of the following claim made upon it as a result of the loss reported herein.

1. Name of Claimant: _____
2. Claimant's Street Address: _____
3. City: _____ State: _____ Zip Code: _____
4. Claimant's telephone number: (_____) _____
5. Date of Loss/Incident: _____ Time of Loss: _____
6. The location of Loss/Incident: _____

7. Describe the incident/occurrence that caused the injury/loss that forms the basis of your claim against the city. _____

8. What were the weather conditions at the time of the incident/occurrence? _____

9. Provide the name, address and telephone number of all persons who witnessed the incident/occurrence.

10. Did the police investigate the incident/occurrence? Yes () No. ()
11. Was any person physically injured? Yes () No () If "yes", provide the name, address, telephone number and describe the injury or injuries suffered.

12. Was any property damaged? Yes () No () If "yes", describe the property and the damage. Attach estimates of the damages/loss or provide the basis used for ascertaining the amount of damage you claim.

13. Do you claim any other damage(s) as a result of this incident/occurrence? Yes () No () If "yes", specify the nature and amount of other damage you are claiming.

14. What amount of total damages are you claiming from the city as a result of this incident/occurrence? \$ _____

15. Have you made or can you make a claim against anyone else for the damages you are claiming as a result of this incident/occurrence? Yes () No () If "yes", give the name, address and telephone number of such person/entity.

16. If the answer to the previous question was "yes", have you received any monies from that person/entity? Yes () No () If "yes", what amount?
\$ _____

17. Have you been compensated for all or part of this claim by an insurance company? Yes () No () If "yes", provide the name, address and amount paid to date.

18. Are you being represented by an attorney for this claim? Yes () No () If "yes", state your attorney's name and give your attorney's address.

19. Give your opinion of who is at fault for the incident and why? _____

Note: If this claim involves a motor vehicle, please complete the next page.

I, the undersigned, certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding and attached information is true and correct.

Date

Signature of Claimant

Additional Report for Claims Involving a Motor Vehicle

20. Year, make and model of vehicle: _____
21. License plate number and state of licensing: _____
22. Date vehicle acquired by claimant: _____
23. Purchased/acquired as New () Used ()
24. Name, address, telephone number of insurance company and agent carrying insurance on this vehicle. _____

25. Type of insurance in effect (i.e., comprehensive, collision) and liability limits.

26. Amount of Claimant's deductible: \$ _____
27. Uninsured coverage in effect? Yes () No ()
28. Underinsured coverage in effect? Yes () No ()
29. Provide the name, address and telephone number of any person/entity having a security interest in the vehicle. _____

30. Where can the vehicle be seen/inspected? _____

31. How was the vehicle removed from the incident/occurrence and by whom? _____

32. Who was driving the vehicle at the time of the incident/occurrence? Name, address, telephone number: _____

33. Who was driving the other vehicles involved? Name, address, telephone number.

34. Year, make, model and license plate (state and number) of other vehicles: _____

35. Describe the incident/occurrence in detail providing direction of travel, location of vehicles, speeds, conditions that contributed to the collision happening, etc., _____

36. Who is at fault for the collision and why? _____
