

CLAIM FOR DAMAGES - AUTOMOBILE

MAIL TO:

Legal Department  
City Hall  
400 Robert D Ray Drive  
Des Moines, IA 50309

CITY EMPLOYEE INVOLVED:

Name of Employee: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_

City Department: \_\_\_\_\_

Your Name: \_\_\_\_\_ age \_\_\_\_\_

Home Address: \_\_\_\_\_ phone \_\_\_\_\_

(number & street) (city, state, zip)

Business Address: \_\_\_\_\_ phone \_\_\_\_\_

(number & street) (city, state, zip)

YOUR AUTOMOBILE

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ License  
No. \_\_\_\_\_

Registered Owner \_\_\_\_\_ Address  
\_\_\_\_\_

Driver of Car \_\_\_\_\_ age \_\_\_\_\_ Address  
\_\_\_\_\_

List damage to your automobile  
\_\_\_\_\_

Is car drivable? \_\_\_\_\_ If not, where is the car?  
\_\_\_\_\_

Is there Insurance on Car? \_\_\_\_\_ Name of Agent  
\_\_\_\_\_

Name of Insurance Company  
\_\_\_\_\_

Liability \_\_\_\_\_ Collision \_\_\_\_\_ Comprehensive \_\_\_\_\_  
—  
\_\_\_\_\_

INJURED PERSON(S)

Was anyone in your car injured? \_\_\_\_\_ If so, please answer the following:

Name \_\_\_\_\_ age \_\_\_\_\_ address \_\_\_\_\_  
\_\_\_\_\_

Injuries \_\_\_\_\_  
\_\_\_\_\_

Where treated \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ address \_\_\_\_\_  
\_\_\_\_\_

Injuries \_\_\_\_\_  
\_\_\_\_\_

Where treated \_\_\_\_\_  
\_\_\_\_\_

WITNESS (ES)

Name \_\_\_\_\_ address \_\_\_\_\_ phone \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ address \_\_\_\_\_ phone \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ address \_\_\_\_\_ phone \_\_\_\_\_  
\_\_\_\_\_

INVESTIGATION

What police department investigated? \_\_\_\_\_  
\_\_\_\_\_

Were any citations issued? \_\_\_\_\_ Case No. \_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF ACCIDENT

Date \_\_\_\_\_ Time \_\_\_\_\_ (a.m., p.m.) Location  
\_\_\_\_\_

Direction of travel - your vehicle \_\_\_\_\_ What street  
\_\_\_\_\_ speed \_\_\_\_\_

Direction of travel - other vehicle \_\_\_\_\_ What street  
\_\_\_\_\_ speed \_\_\_\_\_

Where was other vehicle when you first saw it?  
\_\_\_\_\_

Where was your vehicle at that time?  
\_\_\_\_\_

DESCRIBE THE ACCIDENT

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Who do you think was at fault and why?  
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DIAGRAM

Make a rough diagram. Show City vehicle as No. 1, your car as No. 2, etc.

THIS REPORT SHOULD BE SIGNED BY BOTH THE OWNER AND THE DRIVER.

Owner Signature: \_\_\_\_\_ Date  
\_\_\_\_\_

Driver Signature: \_\_\_\_\_ Date  
\_\_\_\_\_

\*\*\*\*\* PLEASE SUBMIT TWO ITEMIZED ESTIMATES FOR REPAIRS \*\*\*\*\*