

**CLAIM FOR DAMAGES**

**Mail To:**

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

YOUR NAME \_\_\_\_\_ Age \_\_\_\_\_  
HomeAddress \_\_\_\_\_ Phone \_\_\_\_\_

(Number & Street) (City, State, Zip)  
Business address \_\_\_\_\_ Phone \_\_\_\_\_  
(Number & Street)(City, State, Zip)

Occupation \_\_\_\_\_ Marital Status \_\_\_\_\_

**ACCIDENT:**Date \_\_\_\_\_ Time \_\_\_\_\_ (am, pm) Place \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

Condition of Street or Sidewalk: \_\_\_\_\_

What Happened: \_\_\_\_\_

**INJURED PERSON(S):**

Name \_\_\_\_\_ age \_\_\_\_\_ Address \_\_\_\_\_

Type of Injury \_\_\_\_\_

Where Treated \_\_\_\_\_

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

Address \_\_\_\_\_

Type of Injury \_\_\_\_\_

Where Treated \_\_\_\_\_

**WITNESS(ES):**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Name any City employee who witnessed this occurrence, investigated it, or that you notified:

Name \_\_\_\_\_ Department \_\_\_\_\_

How are they involved? \_\_\_\_\_

**INSURANCE:**

Do you have insurance to cover your loss? \_\_\_\_\_

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

Type of Coverage \_\_\_\_\_

**PROPERTY DAMAGE:**

Describe any damage to your personal property:

Item DamagedDate PurchasedReplacement Cost

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you feel the City was responsible for this occurrence?

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_