

**Boise City**  
**CLAIM FOR DAMAGE**

This form is being provided to assist you in filing your claim. Providing this form is not an admission nor shall it be construed to be an admission of liability or an acknowledgment of the validity of a claim by the political subdivision. Claim must be filed with the Boise City Clerk's Office.

**PERSONAL INFORMATION**

NAME \_\_\_\_\_  
CURRENT ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_  
CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
EMPLOYED BY \_\_\_\_\_ OCCUPATION \_\_\_\_\_ HOW LONG \_\_\_\_\_

**CLAIM INFORMATION**

DATE CLAIM OCCURRED \_\_\_\_\_ TIME \_\_\_\_\_ A.M. / P.M. LOCATION \_\_\_\_\_  
YOUR ADDRESS FOR SIX MONTHS IMMEDIATELY  
PRIOR TO THE DATE THE CLAIM OCCURRED \_\_\_\_\_  
DESCRIBE HOW CLAIM OCCURRED \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPERTY DAMAGE**

DESCRIBE PROPERTY (IF AUTO – YEAR, MAKE, MODEL AND LICENSE #) \_\_\_\_\_  
\_\_\_\_\_  
OWNER'S NAME AND ADDRESS \_\_\_\_\_ YOUR INSURANCE CO. \_\_\_\_\_  
DRIVER'S NAME AND ADDRESS \_\_\_\_\_ POLICY# \_\_\_\_\_  
DRIVER'S PHONE # \_\_\_\_\_ INS. CONTACT INFO \_\_\_\_\_  
DESCRIBE DAMAGE \_\_\_\_\_ ESTIMATE AMOUNT \$ \_\_\_\_\_  
PROPERTY CAN BE SEEN AT \_\_\_\_\_

**PERSONAL INJURY**

WERE YOU INJURED? \_\_\_\_\_ DESCRIBE INJURIES \_\_\_\_\_  
NAME AND ADDRESS OF DOCTOR \_\_\_\_\_  
ARE YOU PRESENTLY UNDER A DOCTOR'S CARE? \_\_\_\_\_ NAME AND ADDRESS OF HOSPITAL \_\_\_\_\_  
\_\_\_\_\_  
DATE \_\_\_\_\_ WERE YOU AN INPATIENT \_\_\_\_\_  
WAS ANYONE ELSE INJURED? \_\_\_\_\_ NAMES AND ADDRESSES \_\_\_\_\_  
\_\_\_\_\_

**OTHER INFORMATION**

DID POLICE INVESTIGATE? \_\_\_\_\_ NAME OF POLICE DEPT. \_\_\_\_\_ REPORT # \_\_\_\_\_ OFFICER NAME \_\_\_\_\_  
WERE THERE ANY WITNESSES? \_\_\_\_\_

NAME AND ADDRESS	PHONE	YOUR VEHICLE	OTHER VEHICLE	OTHER

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE INFORMATION AND IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY MAKE A CLAIM AGAINST \_\_\_\_\_ FOR \_\_\_\_\_  
\_\_\_\_\_ (damage, injury, etc.) IN THE AMOUNT OF \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

YOU MAY ATTACH ANY OTHER INFORMATION OR SUBSTANTIATING DOCUMENTATION YOU SO DESIRE