



Claim Form

Before completing this form, please read the instructions on the back. Submit this form and supporting documentation in person or by mail to: Springfield Human Resources/Risk Management, 225 Fifth Street, Springfield, OR 97477

* = Required ** = Required if Known

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|---|--|-----|--------|--|---|-------------|-----|--------|--|
| 1. Claimant's Name and Home Address: * (Please Print Clearly) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">City, State</td> <td style="width: 40%;">Zip</td> </tr> <tr> <td colspan="2">Phone:</td> </tr> </table> | City, State | Zip | Phone: | | 2. Send Official Notices and Correspondence to: * <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">City, State</td> <td style="width: 40%;">Zip</td> </tr> <tr> <td colspan="2">Phone:</td> </tr> </table> | City, State | Zip | Phone: | |
| City, State | Zip | | | | | | | | |
| Phone: | | | | | | | | | |
| City, State | Zip | | | | | | | | |
| Phone: | | | | | | | | | |
| 3. Date of Incident | 4. Time of incident * | | | | | | | | |
| 5. Location of Incident ** | 6. Claimant Vehicle License Plate #, Type, Mileage, and Year ** | | | | | | | | |

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| 7. * Basis of Claim. State in detail all facts and circumstances of the incident. Identify all persons, entities, property and City departments involved. State why you believe the City is responsible for the alleged injury, property damage or loss. |
| |

| Name & Dept. of employee who allegedly caused injury or loss** | Type of City Vehicle** | Vehicle License Number** | | | | | | |
|---|---|---|---------|-----------|--|--|---------------------|-----------|
| 8. Description of the injury, property damage or loss * | 9. Amount of property damage or loss. Please attach supporting documentation. (See Instructions) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Items *</th> <th style="width: 30%;">\$ Amount</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"></td> <td></td> </tr> <tr> <td style="text-align: right;">Total Amount</td> <td>\$</td> </tr> </tbody> </table> | | Items * | \$ Amount | | | Total Amount | \$ |
| Items * | \$ Amount | | | | | | | |
| | | | | | | | | |
| Total Amount | \$ | | | | | | | |

| 10. Witnesses (if any) Name | Address | Telephone |
|-----------------------------|---------|-----------|
| A. | | |
| B. | | |

| | | | | | |
|---|--------------------------|------|------------|--------------------------|---|
| 11. Signature of Claimant or Representative* <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature</td> <td style="width: 40%;">Date</td> </tr> <tr> <td>Print Name</td> <td>Relationship to Claimant</td> </tr> </table> | Signature | Date | Print Name | Relationship to Claimant | Do not write in this space |
| Signature | Date | | | | |
| Print Name | Relationship to Claimant | | | | |

Instructions for Filing a Claim

A COMPLETED CLAIM FORM AND SUPPORTING DOCUMENTATION MUST BE FILED WITH THE SPRINGFIELD HUMAN RESOURCES/RISK MANAGEMENT OFFICE. 225 FIFTH STREET; SPRINGFIELD, OR 97477

1. **Claimant's Name, Address and Telephone** - State the full name, mailing address, and telephone numbers of the person claiming personal injury, damage or loss.
2. **Official Notices and Correspondence** - Provide the name, mailing address, and telephone numbers of the person to whom all official notices and other correspondence should be sent, if other than claimant. This official contact person can be the claimant or a representative of the claimant.
3. **Date of Incident** - State the exact month, day, and year of the incident giving rise to the claim.
4. **Time of Incident** - State the exact time, including A.M. or P.M., of the incident that led to the claim.
5. **Location of Incident of Accident** - Include the city and exact street address or intersection where the incident occurred.
6. **Claimant Vehicle License Plate Number** - Please provide license plate number of vehicle driven by claimant or in which claimant was a passenger.
7. **Basis of Claim** - State in detail all facts supporting your claim, including all facts and circumstances of the incident, all alleged injuries, property damage and loss, all persons, entities, property and City departments involved. *Be sure to describe why you believe the City is responsible.* In the appropriate boxes, provide the name, and City department of the City employee(s) who allegedly caused the injury or property damage, the type of City vehicle involved (if any), and the license and number of the City vehicle involved (if any).
8. **Description of Injury, Property Damage or Loss** - Provide in full detail a description of the injury, property damage or loss that allegedly resulted from the incident. If claimant's vehicle was involved, provide the make, model, mileage, and year. You may attach additional material.
9. **Amount of Property Damage or Loss** - State the total amount of money you are claiming in damages. Provide a breakdown of each item of damages and how that amount was computed. You may include future, anticipated expenses or losses. Whenever possible, please attach copies of all bills, receipts and repair estimates. If the claim involves property damage, please provide two repair estimates.
10. **Witnesses** - State the names, addresses, and telephone numbers of any persons who witnessed the incident. Attach list of additional names if necessary.
11. **Signature of Claimant or Representative** - Please sign and date. Print name of signatory and relationship to claimant. The claim must be signed by the claimant or by the official representative of the claimant. The City will not accept the claim without the original signature. (A photocopy will not be accepted.) Claims for death or injury to persons or damage to personal property must be filed within six months after the incident giving rise to the claim. All other claims must be filed within one year. Personal service of claims can be accomplished during regular business hours, Monday through Friday (excluding City holidays). If you want a time stamped copy of your claim returned to you, please present an original and copy of the claim, and include a self-addressed stamped envelope.

Submit this claim form to:

City of Springfield
HR/Risk Management
225 Fifth Street
Springfield, OR 97477

The claim will be assigned to an adjuster by our insurance carrier. The adjuster may contact you for additional information as he/she evaluates the merits of the claim. For information on the status of your claim, please contact the claim adjuster directly or call Human Resource/Risk Management (541) 726-3705 to get the number of the adjuster.