

NOTE: Read entire claim form
before completing

MAIL TO: Legal Dept.
City Hall
400 Robert D. Ray Dr.
Des Moines, IA 50309

CITY EMPLOYEE OR WRA REPRESENTATIVE INVOLVED:

Name of Employee: _____
Type of Vehicle: _____
City Department: _____

CLAIM FOR DAMAGES – AUTOMOBILE

Name: _____

Home Address: _____
(number and street) (city, state, zip)

Home Phone: _____ **Cell Phone:** _____ **Business Phone:** _____ **Fax:** _____

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 the 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: _____

PLEASE COMPLETE OTHER SIDE

INVESTIGATION:

What police department investigated? _____

Were any citations issued? _____

DESCRIPTION OF ACCIDENT:

Date: _____ Time: _____ (am/pm) Location: _____

Direction of travel – your vehicle: _____ Street: _____ Speed: _____

Direction of travel – other vehicle: _____ Street: _____ Speed: _____

Where was other vehicle when you first saw it? _____

Where was your vehicle at that time? _____

DESCRIBE THE ACCIDENT: _____

Who do you think was at fault and why? _____

DIAGRAM:

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

Owner Signature: _____ Date: _____

Driver Signature: _____ Date: _____

PLEASE SUBMIT TWO ITEMIZED ESTIMATES FOR REPAIRS

****THIS FORM MAY BE SUBJECT TO PUBLIC RELEASE. PLEASE “X” HERE IF THIS DOCUMENT SHOULD BE CONSIDERED IN-OFFICE USE ONLY _____****