



**NOTE:** Read entire claim form  
before completing

**MAIL TO:** Legal Department  
City Hall  
400 Robert D. Ray Drive  
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 care 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: \_\_\_\_\_

**INVESTIGATION:**

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

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

**DESCRIPTION OF ACCIDENT:**

Date \_\_\_\_\_ Time \_\_\_\_\_ (am/pm) 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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \*\*\*\***