THE CITY OF
DAVENPORT
IOWA | USA

City of Davenport Claim Form

You should complete this form in full as it constitutes the basis of your claim against the city and will be used by the city to determine what, if any, liability the city bears as to the specific claim you are making. Failing to answer relevant questions may invalidate your claim. If more space is needed for any answer, attach additional paper. **Upon completion return this form to: Risk Manager, City of Davenport, 226 West 4th Street, Davenport, IA 52801.**

The City of Davenport, Iowa, is hereby notified of the following claim made upon it as a result of the loss reported herein.

1. Name of Claimant: _____

2. Claimant's Street Address: _____

3. City:_____State:_____Zip Code: _____

4. Claimant's telephone number: (_____)_____

5. Date of Loss/Incident:_____Time of Loss: _____

6. The location of Loss/Incident: _____
_____

7. Describe the incident/occurrence that caused the injury/loss that forms the basis of
your claim against the city. _____
_____
_____
_____
_____

8. What were the weather conditions at the time of the incident/occurrence? _____
_____

9. Provide the name, address and telephone number of all persons who witnessed the
incident / occurrence.
_____
_____

10. Did the police investigate the incident/occurrence? Yes ( ) No ( )

11. Was any person physically injured? Yes (   )   No (   ) If "yes", provide the
name, address, telephone number and describe the injury or injuries suffered.
_____

12. Was any property damaged? Yes ( ) No ( ) If "yes", describe the property and the damage. Attach estimates of the damages/loss or provide the basis used for ascertaining the amount of damage you claim.

_____

_____

_____

13. Do you claim any other damage(s) as a result of this incident/occurrence? Yes ( ) No ( ) If "yes", specify the nature and amount of other damage you are claiming.

_____

_____

14. What amount of total damages are you claiming from the city as a result of this incident / occurrence? $_____

15. Have you made or can you make a claim against anyone else for the damages you are claiming as a result of this incident/occurrence? Yes ( ) No ( ) If "yes", give the name, address and telephone number of such person/entity.

_____

_____

16. If the answer to the previous question was "yes", have you received any monies from that person/entity? Yes ( ) No ( ) If "yes", what amount?
$_____

17. Have you been compensated for all or part of this claim by an insurance company? Yes ( ) No ( ) If "yes", provide the name, address and amount paid to date.

_____

18. Are you being represented by an attorney for this claim? Yes ( ) No ( ) If "yes", state your attorney's name and give your attorney's address.

_____

19. Give your opinion of who is at fault for the incident and why? _____

_____

_____

_____

Note: If this claim involves a motor vehicle, please complete the next page.

I, the undersigned, certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding and attached information is true and correct.

_____   _____
Date   Signature of Claimant

Additional Report for Claims Involving a Motor Vehicle

20. Year, make and model of vehicle: _____

21. License plate number and state of licensing: _____

22. Date vehicle acquired by claimant: _____

23. Purchased/acquired as New ( ) Used ( )

24. Name, address, telephone number of insurance company and agent carrying insurance on this vehicle. _____
_____

25. Type of insurance in effect (i.e., comprehensive, collision) and liability limits.
_____

26. Amount of Claimant's deductible: $_____

27. Uninsured coverage in effect? Yes ( ) No ( )

28. Underinsured coverage in effect? Yes ( ) No ( )

29. Provide the name, address and telephone number of any person/entity having a security interest in the vehicle. _____
_____

30. Where can the vehicle be seen/inspected? _____
_____

31. How was the vehicle removed from the incident/occurrence and by whom? _____
_____

32. Who was driving the vehicle at the time of the incident/occurrence? Name, address, telephone number: _____
_____

33. Who was driving the other vehicles involved? Name, address, telephone number.
_____
_____

34. Year, make, model and license plate (state and number) of other vehicles: _____
_____

35. Describe the incident/occurrence in detail providing direction of travel, location of vehicles, speeds, and/or conditions that contributed to the collision happening, etc. _____
_____
_____
_____
_____

36. Who is at fault for the collision and why? _____
_____