

CLAIM FOR DAMAGES

SEDGWICK COUNTY, KANSAS
DEPARTMENT OF RISK MANAGEMENT

This form is to be completed in its entirety, and returned to the Sedgwick County Department of Risk Management, 525 N Main, Suite 1150, Wichita, Kansas 67203-3672. In the "STATEMENT OF CIRCUMSTANCES" section, give all information available that will answer the questions of How the Incident/Accident happened, Names of other person(s) involved, and the Cause. Inquiries as to disposition or status of claim may be directed to the Risk Management Department; 660-9683.

Name _____ Phone: Home _____ Work _____

Social Security Number: _____ Date of Birth: _____

Address: (include City and Zip-code) _____

Date of Incident/Accident: _____ Time: _____ a.m./p.m

Location of Incident/Accident: _____

If Vehicles are involved, please furnish the following information:

Claimant's Vehicle: Year _____ Make _____ Model _____ License # _____

County's Vehicle: Vehicle Type _____ Number _____ License# _____

Witnesses _____

Amount Claimed: \$ _____ (attach paid receipts and/or estimates of damages)

STATEMENT OF CIRCUMSTANCES: (Include all known facts) _____

(Please use reverse of form if necessary)

Date

Signature of Claimant