# CLAIM FOR DAMAGES

(FOR PERSONAL INJURY OR PROPERTY DAMAGE)

Please mail this form with all supporting documents to Law Department, Attn: Claims Unit, 23rd Floor City Hall, 414 E. 12th Street, Kansas City, MO 64106. Please keep copies of your completed claim form and all attachments for your records. Each claimant must sign this form and all attachments.

**You are required to provide all documentation to support your claim. Failure to provide complete information and/or supporting documents may delay the investigation of your claim.**

**CITY USE ONLY**

Received via:

U.S. mail: ☐

E-mail: ☐

Interoffice mail: ☐

Hand delivered: ☐

Fax: ☐

| Name of Claimant (*injured or damaged party*) | If Business, name of contact person |
|---|---|
| Address of Claimant City/State/ZIP Code | Telephone number/e-mail address |
| Name of property owner (*if different from above*) | Relationship to Claimant |
| Address of property owner (*if different from above*) | Telephone number |
| When did injury or damage occur? (*date and time*) If the injury or damage occurred over a period of time, date of first and last occurrence | Police Report number |

Where did injury or damage occur? (*location name, street address, intersecting streets, etc.*)

How did injury or damage occur? (*Attach additional sheet, if necessary*)

Describe the injury or damage claimed. (*Provide full details; Attach any supporting documentation, e.g., photos, receipts, medical records*)

If the claim relates to personal injury and you are currently receiving Medicare or Medicaid, please provide your Medicare or Medicaid number.

If the claim relates to damage to a motor vehicle, please answer the following:

Year:_____ Make:_____ Model:_____ Color:_____

Name on title:_____ Current location of vehicle:_____

Insurance Company:_____ Policy#:_____

Please check here if there was no insurance coverage in effect at the time of the incident ☐

Name of any witnesses, doctors, hospitals, etc. *(Attach additional sheet, if necessary)*

| *(Name)* | *(Address)* | *(Telephone Number)* |
|---|---|---|
| *(Name)* | *(Address)* | *(Telephone Number)* |

## Claimant Certification.

I certify **under penalty of perjury** that, to the best of my knowledge and belief, all of the information on and attached to this form is true, correct, complete and made in good faith.

| Signature of Claimant or Attorney for Claimant | Date |
|---|---|