



The amount claimed, as of the date of presentation of this claim, is computed as follows:

Damages incurred to date (exact):

Estimated prospective damages as far as known:

Damage to property.....\$ \_\_\_\_\_  
Expenses for medical and hospital care.....\$ \_\_\_\_\_  
Loss of earnings.....\$ \_\_\_\_\_  
Special damages for.....\$ \_\_\_\_\_  
General damages.....\$ \_\_\_\_\_  
Total damages incurred to date.....\$ \_\_\_\_\_

Future expenses for medical and hospital care.....\$ \_\_\_\_\_  
Future loss of earnings.....\$ \_\_\_\_\_  
Other prospective special damages.....\$ \_\_\_\_\_  
Prospective general damages.....\$ \_\_\_\_\_  
Total estimate prospective damages.....\$ \_\_\_\_\_

Total amount claimed as of date of presentation of this claim: \$ \_\_\_\_\_

Was damage and/or injury investigated by police? \_\_\_\_\_ If so, what city? \_\_\_\_\_

Where paramedics or ambulance called? \_\_\_\_\_ If so, name city or ambulance \_\_\_\_\_

If injured, state date, time, name and address of doctor of your first visit \_\_\_\_\_

WITNESSES to DAMAGE or INJURY: List all persons and addresses of persons known to have information:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

DOCTORS and HOSPITAL:

Hospital \_\_\_\_\_ Address \_\_\_\_\_ Date Hospitalized \_\_\_\_\_

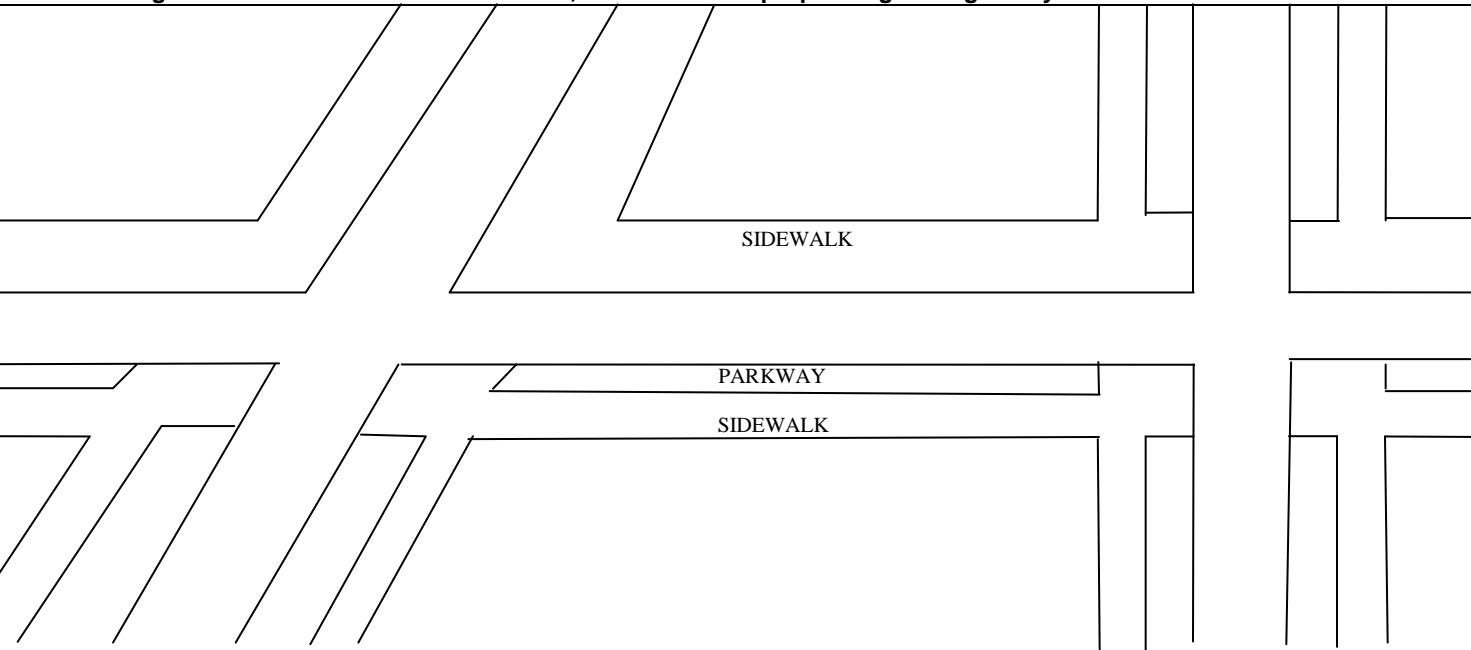
Doctor \_\_\_\_\_ Address \_\_\_\_\_ Date Hospitalized \_\_\_\_\_

Doctor \_\_\_\_\_ Address \_\_\_\_\_ Date Hospitalized \_\_\_\_\_

**READ CAREFULLY**

For all accident claims, place on following diagram, names of streets, including North, East, South, and West; indicate place of accident by "X" and by showing house numbers or distances to street corners. If County Vehicle was involved, designate by letter "A" location of County Vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw County Vehicle; location of County vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X".

NOTE: If diagram below does not fit the situation, attach hereto a proper diagram signed by claimant.



Signature of claimant or person filing on his behalf giving relationship to Claimant:

Printed Name:

Date:

