



**Instructions for Filling Out
Citizen Claim Form**

- 1) This is a claim form and not for filing a complaint against a City of LaGrange Department/Division.
- 2) There are three ways to submit this form:
 - a) Fill the form out online by clicking in the box and typing the requested information then hitting the submit button.
 - b) Print the form out and fill in all requested information and fax the form to:
(706) 883-2020
ATTN: Risk Management
 - c) Mail the completed form along with any additional attachments to:
Risk Management
City of LaGrange
200 Ridley Avenue
LaGrange, GA 30240
- 3) Please fill out **only** the information that relates to your claim.
- 4) If you have questions regarding this form or your claim, please contact the Risk Management Department at (706) 883-2016.



**CITY OF LAGRANGE
Citizen Claim Form**

This form is designed to assist citizens in reporting an incident resulting in damage or injury that involved the City of LaGrange.

1. GENERAL INFORMATION

Please fill out the General Information section for ALL claims.

Your name: _____

Your address: _____

City: _____ State: _____ Zip Code: _____

Home telephone number: (____) _____ Cell number: (____) _____

Business telephone number: (____) _____

Date of incident: _____ Time: _____

Address or location of incident: _____

2. INCIDENT INVOLVING A MOTOR VEHICLE

For any incident involving a motor vehicle you were operating or riding as a passenger, please complete the following:

Private vehicle involved in incident:

Make of vehicle: _____ Model: _____ Year: _____

License number: _____ State: _____

Driver: _____ Age: _____

Owner of vehicle: _____

Insurance Company: _____ Policy number: _____

Speed of vehicle at the time of the incident: _____ Has the vehicle been repaired? __

If the vehicle has been repaired, location of repair(s): _____

Cost of repair(s): _____ Have the repair(s) been paid for? _____ (If yes, attach receipt.)

If the repair(s) were paid for, who paid for them? _____

The damages consist of the following: _____

Has there been prior damage to this vehicle? Yes _____ No _____ If yes, please explain: _____

3. INCIDENT INVOLVING A CITY OF LAGRANGE VEHICLE

If a City of LaGrange vehicle was involved in the incident, please complete the following:

City vehicle number: _____ Department: _____ Operator: _____

Make of vehicle: _____ Model: _____ Year: _____

License number: _____ Speed of vehicle: _____

4. INCIDENT INVOLVING PROPERTY DAMAGE

For any incident involving property damage other than vehicle damage, please complete the following:

Property involved in incident:

Address: _____

City: _____ State: _____ Zip Code: _____

5. INJURIES

Please describe any physical injuries that occurred from the incident.

Name: _____ Address: _____

Name: _____ Address: _____

Nature of injuries: _____

Doctor(s): _____

Hospital(s): _____

Date of treatment: _____

Have you ever injured this body part? Yes ____ No ____ If yes, please explain: _____

Check here if no injuries: _____

6. WITNESSES

If there were any witnesses to the incident, please list their names, phone numbers and addresses below:

Name: _____ Phone number: (____) _____

Address: _____

Name: _____ Phone number: (____) _____

Address: _____

Name: _____ Phone number: (____) _____

Address: _____

7. INVESTIGATION

Officer: _____ Report/Case number: _____

8. CITY'S LIABILITY

Do you know if the City of LaGrange had direct knowledge about the problem and failed to correct it? _____

Explain in your own words how you were injured or how the damage occurred and in what way you believe the City of LaGrange was responsible: _____

City Department involved in the incident: _____

City employee(s) involved in the incident: _____

Please attach any additional comments or pictures related to the incident to this form.

I affirm that the information submitted on this form is true and accurate to the best of my knowledge.

Signature: _____

Date: _____