



CITIZEN INJURY/PROPERTY DAMAGE REPORT

Return this report to Risk Management within one business day of the first notice of loss. This report is for information only and does not constitute legal notice of claim.

CITIZEN INFORMATION

Name of Injured Party or Owner of Property Damaged _____
If a Minor, List Parent/Guardian _____ Age _____ Date of Birth _____
Home Address _____ City _____ State _____
Phone _____ Marital Status if Known _____ Married _____ Not Married

INJURY/DAMAGE

Date of Injury/Damage _____ Time _____ Address Where Public Injury or Damaged Occurred _____
_____ Specific Location at Address _____
Reported by Whom? _____
Describe Incident & Resulting Injury or Damage _____

MEDICAL CARE/CONTACTS

What First Aid/Care Was Given? _____
By Whom? _____ Was Ambulance Called? _____ By Whom? _____
Did Injured Party Seek Medical Attention? _____ Where? _____
If Follow Up Contact Was Made, By Whom? _____ Comments _____

WITNESSES

Name, Address, Phone # _____
Name, Address, Phone # _____

PREPARED BY

Department _____ Date Prepared _____
Employee Name _____ Supervisor _____

E-mail this completed form along with all photographs, witness statements, and any additional information to claimsadmin@kannapolisnc.gov within 24 hours of the incident.

FOR RISK MANAGEMENT USE ONLY

Date Received _____ Date Claim Filed _____ Claim # _____