CITIZEN CLAIM FOR DAMAGE OR INJURY

(NOTE: It is a requirement that this form, if used, be presented to and filed with the City Clerk. This form is being provided as a courtesy to assist you in filing your claim. Providing this form to you is not an admission nor shall it be construed to be an admission of liability or an acknowledgment of the validity of a claim by the City of Post Falls or any other person representing the City of Post Falls. Legal requirements for filing claims can be found in Title 6, Chapter 9, Idaho Code. All claims must be filed promptly, in writing.)

Name: ___________________________________________ ____________________________
Current Address: ____________________________________________________________
Phone: (home):_________________(work) _______________ (other) _______________
Date damage or injury occurred: ____________________ Time: ________ ☐ a.m. ☐ p.m.
Location of occurrence: _______________________________________________________

Non-City Owned Property/Vehicle Damage Information
☐ Property (address or description):

☐ Vehicle  Year _______ Make ___________ Model ____________________________
Vehicle License No. ________________________ VIN : __________________________
Driver of vehicle: ____________________________ Driver’s Lic. No. ________________
Address: _________________________________________________________________
Phone: (home) ______________________ (work) ______________________ (other)
Vehicle owner name (if different from driver):
Address: _________________________________________________________________
Phone: (home) ______________________ (work) ______________________ (other)
Describe how damage or injury occurred:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

You may include additional sheets if more space is required. Attach any other information or documentation you desire.
Personal Injury
Was there personal injury: □ No □ Yes
If yes, provide description of injury: ____________________________________________

□ Did not seek medical treatment at this time.
□ Sought medical treatment.
Name of physician ____________________________________________________________
Name & address of medical facility ____________________________________________

Witnesses or passengers
Name: __________________________________________ Phone: ______________________
Address: ___________________________________________________________________
Description of injury: ________________________________________________________

Name: __________________________________________ Phone: ______________________
Address: ___________________________________________________________________
Description of injury: ________________________________________________________

Police Report
Was there a police Investigation? □ No □ Yes
If yes: Police agency: ____________________ Investigating Officer: ____________________
Police Report No. ______________ Were there charges □ Yes □ No
If yes, what were the charges and against whom? _________________________________

□ Ongoing investigation (specify): ____________________________________________

□ I hereby make a claim against the City of Post Falls, a public entity, for property damage
in the amount of $__________ Include 3 estimates, if repairs are part of your claim.

□ Personal injury in the amount of $________ Include copies of medical treatment
receipts.

Total claim $________________

I hereby certify that I have read the above information and it is true and correct to the best
of my knowledge.

Date:_______________ Signature: ____________________________________________

Forwarded to ICRMP
Date ______ By _____