

**CITY OF MUSCATINE
NOTICE OF LIABILITY CLAIM
AUTOMOBILE FORM**

Any party filing a claim against the City of Muscatine must complete this form and return it to the Human Resources Office, City Hall, 215 Sycamore Street, Muscatine, Iowa 52761. No action will be taken until this form is completed and received in the Human Resources Office. If any questions, please call (563) 264-1550.

Name and Address of Claimant _____

Phone _____ Date of Accident or Loss _____ Time of Day _____

Location _____

Claimant's Auto: Year _____ Make _____ Model _____ License No. _____

Registered Owner's Name and Address _____

_____ Phone _____

Describe What Happened (if applicable, use drawing on reverse side):

Estimated Cost to Repair* \$ _____

If Theft, specify property stolen: _____

Estimated Value # \$ _____

Was this Incident Reported to Police? Yes No Was anyone injured? Yes No

Officer's Name or Badge # _____

Name and Address of Injured Person _____

Extent of Injuries _____

***IMPORTANT: Must be accompanied with receipts of written estimate from authorized dealer. Claimant's personal estimation of damages is not sufficient.**

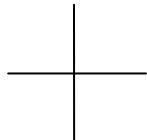
Witnesses:

Name _____

Address

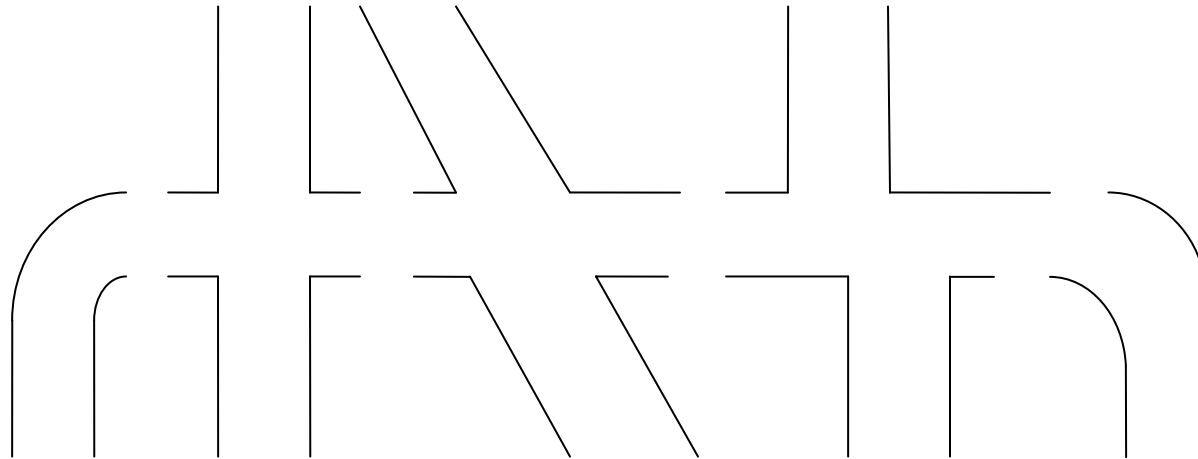
Phone

Use Drawing if Applicable:



Please indicate North, South, East or West

Complete the diagram showing direction and position of automobile(s) or property involved.



INSTRUCTIONS:

GIVE STREET NAMES, DIRECTIONS AND LOCATIONS OF OBJECTS INVOLVED

- 1) Number each vehicle and show direction of travel by arrow
- 2) Use solid line to show position of each vehicle before accident
- 3) Show motorcycle or bicycle by 
- 4) Show Pedestrian by  5) Show P

The above and foregoing statements made by me are true and accurate as I verily believe.

Claimant's Signature

Date

***IMPORTANT: In the case of property damage, this claim must be accompanied with receipts or written estimate from authorized business. Claimant's personal estimation of damages is not sufficient.**