

**CITY OF CLINTON, IOWA**  
**LIABILITY ACCIDENT NOTICE**

**Fill in applicable information:**

Claimant	Person Making Claim	Address		Phone
	Nature of Accident/property Damage			
Time and Place	Date and time of Accident/property damage			
	Location			
Injured Person	Name		Age	Phone
	Address			
	Occupation			
	Employed by			
	What was injured doing when hurt			
The Injury	Nature of extent of injury			
	Where was injured taken after accident			
	Probable disability		Has injured resumed work	
Property Damage	Owner	Address		Phone
	List Damage			Estimated cost of repair
Witnesses	Name	Address		Phone
	Name	Address		Phone
Description of Accident				

Use reverse side for diagram and additional information. Please submit two estimates of damage with your claim.

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Date

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Claimant Signature

Please return to: City of Clinton, Public Works, Attn: INS. CLAIMS, P.O. Box 2958, Clinton, IA 52733-2958