



## NOTICE OF INJURY, PROPERTY, OR VEHICLE DAMAGE

Please fill out all information that applies to your claim.

**CLAIMANT'S NAME:** \_\_\_\_\_

**CLAIMANT'S HOME ADDRESS:** \_\_\_\_\_

**CLAIMANT'S HOME TELEPHONE:** (\_\_\_\_) \_\_\_\_\_

**NAME OF CLAIMANT'S EMPLOYER:** \_\_\_\_\_

**CLAIMANT'S OCCUPATION:** \_\_\_\_\_

**CLAIMANT'S BUSINESS ADDRESS:** \_\_\_\_\_

**CLAIMANT'S BUSINESS TELEPHONE:** (\_\_\_\_) \_\_\_\_\_

**CLAIMANT AUTO: MAKE, YEAR, AND PLATE NUMBER:**

\_\_\_\_\_

**ADDITIONAL CLAIMANT NAME:**

\_\_\_\_\_

**DATE OF INCIDENT:** \_\_\_\_\_ **TIME OF INCIDENT:** \_\_\_\_\_

**LOCATION OF INCIDENT:** \_\_\_\_\_

**NATURE AND EXTENT OF DAMAGE SUSTAINED:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**STATE IN SPECIFIC DETAIL THE CIRCUMSTANCES OF HOW AND WHERE THE INCIDENT OCCURRED:**

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**STATE WHETHER YOU WERE ADMITTED TO A HOSPITAL AS A RESULT OF THIS INCIDENT:**

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**IF SO, STATE WHAT HOSPITAL AND THE RESPECTIVE ADMISSION AND RELEASE DATES:**

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**DATE OF ADMISSION:** \_\_\_\_\_

**DATE OF RELEASE:** \_\_\_\_\_

**IF YOUR CLAIM IS FOR PROPERTY DAMAGE, STATE THE SPECIFIC NATURE OF THE DAMAGE OR LOSS AND THE PRESENT LOCATION OF THE PROPERTY DAMAGED (IF APPLICABLE, ATTACH WRITTEN ESTIMATES OF REPAIR):**

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**IF YOUR CLAIM IS FOR LOST WAGES,**

**(A) STATE YOUR AVERAGE WEEKLY WAGE:**

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**(B) STATE WHETHER YOU HAVE RETURNED TO WORK AND IF SO, ON WHAT DATE:**

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**(C) STATE HOW LONG YOU HAVE BEEN WORKING FOR THIS EMPLOYER:**

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**(D) STATE WHETHER YOU HAVE FILED A CLAIM FOR COMPENSATION UNDER THE TEXAS WORKERS' COMPENSATION LAW, THE RESPECTIVE DATE OF SUCH CLAIM, WHETHER YOU HAVE RECEIVED BENEFITS:**

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

**IF YES, DATE OF CLAIM:** \_\_\_\_\_

**BENEFITS RECEIVED:** \_\_\_\_\_ YES                      \_\_\_\_\_ NO

**IF YES, STATE THE AMOUNT:** \_\_\_\_\_

**NAMES, ADDRESSES AND PHONE NUMBERS OF WITNESSES, IF AVAILABLE:**

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**I HEREBY AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND BASED ON MY PERSONAL KNOWLEDGE AND I HEREBY AUTHORIZE THE RELEASE TO THE CITY OF BRECKENRIDGE ANY AND ALL INFORMATION WITH REGARD TO MEDICAL HISTORY, CONSULTATIONS, PRESCRIPTIONS, DIAGNOSIS, REPORTS OR TREATMENTS, AND EMPLOYMENT RECORDS AS THE SAME RELATES TO THIS CLAIM.**

**SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_**

\_\_\_\_\_  
**SIGNATURE**