



VILLAGE OF NEWBERRY INCIDENT/DAMAGE/INJURY



This report is for informational and investigational purposes only. It is not intended to accept any responsibility or liability by the Village of Newberry and any responsibility is hereby disclaimed unless the Village Council for the Village of Newberry formally accepts responsibility in writing.

In order to make a claim for damages or physical injury arising, this form must be completed within 45 days of the event, failure to provide proper notice will bar your claim.

Please complete the following information. Please print.

(1) Name:		(2) Phone Number:	
(3) Address:		(4) Date of Discovery of Incident/Damage/Injury:	
		(5) Location address if different from Claimant Address:	
DAMAGE INFORMATION		BODILY INJURY INFORMATION	
(6) Describe the Property Damaged:		(10) Claimant's age:	(11) Date of Birth:
		(12) Describe Injury:	
		(13) Part of Body Injured:	
(7) Cause of Damage:		(14) Claimant's Employer:	(15) Claimant's Occupation:
(8) Estimated Cost to Repair: \$	(9) Actual Cost to Repair: \$	(16) Did Claimant Lose Work Time? YES NO	(17) Claimant Social Security #:
(18) Name of Witness:		Witness Address:	Witness Telephone #:
1)			
2)			
(19) Photographs taken? YES NO Photographs attached? YES NO	(20) Other Supporting Documents? YES NO Supporting Documents Attached? YES NO	(21) Police Report # Police Report Attached? YES NO	
(22) Describe in detail how the incident/damage/injury occurred (attach additional pages and/or any supporting data):			
<p>(23) Claims must first be submitted to Claimant's insurance provider. Insurance claim response documentation must be submitted with this claim form. Claimant must submit supporting documentation for estimated/actual costs. Claims for property damage require a DAMAGE INVENTORY REPORT with supporting documents which include: dates of purchases, store of purchases, brand name, and copies of receipts.</p> <p>Claimant's signature: _____</p>			
FOR VILLAGE STAFF USE ONLY			
(24) Date Received:	(25) Received by:	(26) Referred to:	

DAMAGE INVENTORY REPORT

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CLAIMANT NAME: _____

*ATTACH COPIES OF SUPPORT DOCUMENTS WHICH INCLUDE:
DATE OF PURCHASES, STORE OF PURCHASES, BRAND NAME, COPIES OF RECEIPTS

NO.	DESCRIPTION	COST NEW	AGE	MUNICIPALITY USE ONLY

TOTAL: _____

TOTAL CLAIM: _____

PREPARED BY: _____

DATE: _____

ADDRESS: _____

PHONE: _____