

**CLAIM FOR DAMAGES  
CITY OF WICHITA, KANSAS**

**INSTRUCTIONS:** Please complete this form in its entirety. Insert the word "None" where applicable. Return this completed and signed form to the **City Clerk, City Hall, 455 N. Main, 13<sup>th</sup> Floor, Wichita, Kansas, 67202.** Direct all inquiries regarding the status of this claim to the Law Department, 316-268-4681.

1. Claimant information:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Phone # (incl Area Code): \_\_\_\_\_  
Email Address: \_\_\_\_\_

2. Incident date and time (am/pm):  
\_\_\_\_\_  
\_\_\_\_\_

CLAIM #: \_\_\_\_\_  
**(DO NOT WRITE IN THE SPACE BELOW)**

3. Location of incident:  
\_\_\_\_\_  
\_\_\_\_\_

4. Witnesses (name, address, phone), including City of Wichita employees involved in incident, if known:  
\_\_\_\_\_  
\_\_\_\_\_

5. Statement of circumstances (state in detail the facts and circumstances of the incident for which you are submitting this claim, including how the incident happened, the people involved, and the cause of the incident; use the back of this form or additional pages if needed):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPERTY DAMAGE**

**NOTE: If damage is to a vehicle, a photocopy of your vehicle title or registration is required.**

6. Name and address of owner, if other than Claimant:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_

7. Make, model, year, and mileage of vehicle (if not a vehicle, describe property):  
\_\_\_\_\_  
\_\_\_\_\_

8. Describe the nature and extent of the damage to the vehicle/property, including all amounts claimed (attach copies of all photos, estimates, appraisals, repair bills, paid receipts, invoices, and/or other property damage documentation):  
\_\_\_\_\_  
\_\_\_\_\_  
**TOTAL PROPERTY DAMAGE AMOUNT CLAIMED: \$** \_\_\_\_\_

**BODILY INJURY**

**Was Claimant injured? YES \_\_\_\_\_ NO \_\_\_\_\_ (If YES, complete Section #9 below)**

9. Describe the nature and extent of each injury you are claiming you suffered as a result of the incident (attach copies of all medical bills):  
\_\_\_\_\_  
\_\_\_\_\_  
**NOTE: If your claim for bodily injuries is allowed by the City of Wichita, you may be asked for additional information relating to your claim, as required by law, including your date of birth, social security number, and medical records.**  
**TOTAL BODILY INJURY AMOUNT CLAIMED: \$** \_\_\_\_\_

10. Your insurance company and policy #:  
\_\_\_\_\_

11. Amount you claimed to insurance:  
\$ \_\_\_\_\_

12. Amount you received from insurance:  
\$ \_\_\_\_\_

**STATE THE EXACT AMOUNT YOU WOULD ACCEPT AS SETTLEMENT IN FULL OF THIS CLAIM: \$** \_\_\_\_\_

I understand that entering my name on the signature line below constitutes a legal signature and confirms that I do hereby certify that the above amount is correct, reasonable, and just and that the amount claimed therein is due and unpaid.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date