

Member Claim Submission

**1st Report of Damage to Your Property or Vehicle
To Be Completed by Member and sent to ICRMP**

MEMBER

NAME: _____
(PLEASE PRINT)

1. Mailing Address:

2. City/State/Zip:

3. Member Contact:

4. Phone: _____ **Email:** _____

5. Fax: _____

6. Date of Incident: _____ **Department Involved:** _____

7. Who reported the incident to you? _____

8. Time of Incident: _____ a.m./p.m. (circle one)

9. DESCRIBE IN DETAIL WHAT DAMAGE OR INJURY OCCURRED: (Attach additional documentation if necessary)

Employee(s) / Persons Involved: _____

Description of Property Damaged & Location:

Make, Model, VIN# of Vehicle/ Equipment damaged

Signature: _____ **Date:** _____