## **Notice of Tort Claim**

## FOR PROPERTY DAMAGE OR BODILY INJURY

This form is to be completed by the claimant and is a requirement that if used, be presented to and filed with the clerk or secretary of the public entity involved. This form is being provided as a courtesy to assist you in filing your claim. Providing this form to you is not an admission, nor shall it be construed to be an admission, of liability or an acknowledgement of the validity of a claim by the political subdivision. Legal requirements for filing claims can be found in the Idaho Code: Title 6. Chapter 9. All claims must be filed promptly and in writing.

| CLAIMANT INFORMATION                               | i: (PLEASE PRINT)           |                                                              |  |
|----------------------------------------------------|-----------------------------|--------------------------------------------------------------|--|
| 1. Full Name:                                      |                             |                                                              |  |
| 2. Current Address/City/St                         | ate/Zip:                    |                                                              |  |
| 3. Mailing Address (if diffe                       | rent):                      |                                                              |  |
| 4. Claimant phone:                                 |                             | E-mail:                                                      |  |
| 5. Address for six months                          | prior to the date of dama   | ge or injury:                                                |  |
| 6. Date of Incident:                               | Location:                   |                                                              |  |
| 7. Time of Incident:                               | a.m./p.m. (circle one)      | 1                                                            |  |
| 8. DESCRIBE IN DETAIL V                            | /HAT DAMAGE OR INJUF        | RY OCCURRED: (Attach additional documentation if necessary)  |  |
|                                                    |                             |                                                              |  |
|                                                    |                             |                                                              |  |
|                                                    |                             |                                                              |  |
|                                                    |                             |                                                              |  |
|                                                    |                             |                                                              |  |
| 9. Witnesses:                                      |                             | Phone:                                                       |  |
| I hereby certify that I have re                    | ead the above information a | and it is true and correct to the best of my knowledge.      |  |
| I hereby make a claim agair                        | ıst                         |                                                              |  |
| , ,                                                |                             | (a public entity)                                            |  |
| for                                                | in the amount of:           |                                                              |  |
| <b>IMPORTANT</b> : If you were in 42 U.S. C. 1395. | njured and you are on Medi  | icare/Medicaid, please fill out the following as required by |  |
|                                                    | SSN:                        | Medicare/Medicaid Number:                                    |  |
| Signature:                                         |                             | Date:                                                        |  |
|                                                    |                             |                                                              |  |

Per Idaho Statute Title 41, Chapter 13: 41-1331-Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony. "Statement" includes, but is not limited to, any notice, statement, proof of loss, bill of lading, receipt for payment, invoice, account, estimate of property damages, bill for services, diagnosis, prescription, hospital or doctor records, x-ray test results, or other evidence of loss, injury, or expense.