

**CITY OF URBANDALE  
CLAIM/INCIDENT REPORT**

CLAIMANT \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK/CELL \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_ TIME \_\_\_\_\_

LOCATION OF INCIDENT \_\_\_\_\_

DESCRIPTION OF INCIDENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST DAMAGE AND AMOUNTS CLAIMED – ATTACH RECEIPT OR ESTIMATE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VEHICLE INFORMATION, IF VEHICLE IS INVOLVED:

YEAR AND MAKE \_\_\_\_\_

LICENSE PLATE \_\_\_\_\_ VIN \_\_\_\_\_

IS VEHICLE DRIVEABLE? \_\_\_\_\_ IF NO, WHERE IS IT LOCATED? \_\_\_\_\_

ADDITIONAL COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE COMPLETE AND RETURN TO:

CITY OF URBANDALE  
3600 86<sup>TH</sup> STREET  
URBANDALE, IOWA 50322-4057

PHONE 515-331-6702 FAX 515-331-6755

YOUR CLAIM WILL BE FORWARDED TO OUR INSURANCE CARRIER (PUBLIC ENTITY RISK SERVICES) FOR CONSIDERATION. THANK YOU.