

City of Cedar Rapids Claim Form

Circle Day of Week **S M T W T F S**

Accident Date _____ Accident Time _____ A.M. P.M. Email _____

Home Phone Number _____ Cellular Phone Number _____ Pager Number _____ Work Phone Number _____

Claimant: _____

Address: _____

Injury or Property Damage _____

How did Injury or Damage Occur _____

Where did Accident Occur? _____

Witness _____

Notes _____

Initial contact _____

Date of Report _____

Department - Department Contact _____

Date to Department _____