



PLEASE PRINT LEGIBLY AND PROVIDE ALL INFORMATION RELEVANT TO YOUR CLAIM.
If the information provided is illegible or incomplete it may cause a delay in processing your claim.

DATE OF INCIDENT
(MONTH/DAY/YEAR): _____

TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

List name of injured/damaged party, (i.e. person's name, name of property owner, business name, name of the apartment complex). If claim is for a child please list the child's name and child's date of birth.

CLAIMANT: _____

DATE OF BIRTH: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE _____

PHONE #: _____

List contact information if different from above information.

CONTACT NAME: _____ **RELATIONSHIP TO PERSON ABOVE:** _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE _____

PHONE #: _____

Describe how the incident occurred and why you feel Sandoval County is at fault (attach additional page if needed).

Describe injury and/or property damage.

If you are claiming damage to your vehicle the following information is needed.

YEAR: _____ **MAKE:** _____ **MODEL:** _____

AREA DAMAGED: _____

If incident involved a Sandoval County vehicle the following information is needed:

NAME OF COUNTY DRIVER: _____

POLICE REPORT #: _____

COUNTY VEHICLE PLATE #: _____

COUNTY VEHICLE ID #: _____

SIGNATURE OF CLAIMANT OR LAWFUL REPRESENTATIVE: _____ **DATE** _____