



## INFORMATION CONCERNING CLAIM

Name: \_\_\_\_\_

Incident/Accident Information

Address: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Time: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Place: \_\_\_\_\_

### **CIRCUMSTANCES OF CLAIM**

In the space below please describe in detail the circumstances of the incident. (Attach additional sheets, if necessary.)

- For auto and property damages: describe specifically what occurred and complete a diagram of the accident scene. Provide a copy of any police report concerning the incident. If available, attach photos, sales receipts or estimates of repair of damaged property or any other evidence you believe substantiates your claimed damages.
- For personal injury: describe specifically what occurred, the nature of the injury and, if you received medical treatment, please identify the medical providers. Provide a diagram of where the injury took place and describe how it occurred in detail. Provide a copy of any police report concerning the incident.
- Identify any witnesses to the incident/accident and what information you believe the witnesses can provide.

---

---

---

---

---

---

---

---

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\* Continued on next page \*\***

**CLAIM**

Please understand that the City cannot provide you with legal advice but does want to advise you that Wisconsin Statutes provide particular requirements that need to be followed to make claims against municipalities such as the City.

If you provide the Information Concerning Claim requested on the previous page, the City will treat that as a Notice of Circumstances of Claim under Wis. Stat. § 893.80.

If you have provided the Information Concerning Claim requested above and want to make a claim at this time, provide an itemized statement of the relief you seek. In doing so, attach any supporting documents (repair estimates, medical, paid invoices, etc.)

In order for the City to consider your claim at this time, you must have provided the City with the completed Information Concerning Claim, provided the City with an itemized statement of the relief you seek, stated the total the amount of your claim, signed, dated and provided your address below.

The undersigned hereby makes a claim against the City of Sun Prairie arising out of the circumstances described above in the amount of \$\_\_\_\_\_.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_