STATEMENT OF CLAIM FORM

Acknowledgement of receipt only of your claim is hereby made, and said acknowledgement should in no way be considered an admission or denial of liability of any sort.

Please complete the following and return it to the Office of the City Solicitor at your earliest convenience (insufficient detail and explanation may result in delay in the processing or investigation of your claim):

Name of claimant(s): ___________________________________________________________

Address (City, State and Zip Code): _____________________________________________

Date and Time of Incident: ____________________________________________________

Location of Incident: _________________________________________________________

Speed immediately prior to Incident: ____________________________________________

Weather at the time of the Incident: ____________________________________________

Did you try to avoid the accident: _____________________________________________

If not, please explain: _________________________________________________________

Damages to property (please provide detail) ______________________________________

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Describe the Incident in detail (use a separate sheet if necessary) __________________

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Have you made a claim to an insurance company? If yes, please provide the report of the Insurance Company? ____________________________

Name of Insurance Company: ____________________________ Name of the Agent: ____________
Did you notify the Police Department? If yes, please provide a copy of the Police Report: __________

State the City Department that you feel is responsible for the incident and why you believe the city of Pittsfield is liable: __________________________________________

______________________________________________

Amount of your claim (please provide bills and receipts): ____________________________

I hereby certify under penalties and perjury of law that the information given above is true to the best of my knowledge and belief. I hereby authorize the release of any and all information requested by the City of Pittsfield relative to the above stated incident and claim. I also understand that if my claim is successful, any monies owed to me may be offset by any monies that I may owe the City of Pittsfield pursuant to MGL Ch. 60, § 93.

Date of Claim: __________________________

Signature: _________________________________

Home Telephone #: ________________________ Work or Cell Telephone #: ________________________

Revised 10/10/2012