

**Instructions for Filling Out
Citizen Claim Form**

- 1) This is a claim form and not for filing a complaint against a City of Hickory department/division.
- 2) There are three ways to submit this form:
 - a) Fill the form out online by clicking in the box and typing the requested information then hitting the submit button.
 - b) Print the form out and fill in all requested information and fax the form to:
828-323-7550
ATTN: Risk Management
 - c) Mail the completed form along with any additional attachments to:
Risk Management
PO Box 398
Hickory, NC 28603-0398
- 3) Please fill out all information that relates to your claim.
- 4) If submitting the form online, please note that the email is not monitored for correspondence.
- 5) If you have questions regarding this form or your claim, please contact the Risk Management Department at 828-323-7480.



Life. Well Crafted.

RISK DEPARTMENT

City of Hickory

PO Box 398

Hickory, NC 28603

Phone: (828) 323-7480 Fax: (828) 323-7550

riskclaims@hickorync.gov

**CITY OF HICKORY
Citizen Claim Form**

This form is designed to assist citizens in reporting an incident resulting in damage or injury that involved the City of Hickory.

1. GENERAL INFORMATION

Please fill out the General Information section for either a vehicle incident, property incident, or injury.

Your name: _____

Your address: _____

City: _____ State: _____ Zip code: _____

Home telephone number: (_____) _____ Cell number: (_____) _____

Business telephone number: (_____) _____

Date of incident: _____ Time: _____

Address of incident: _____

2. INCIDENT INVOLVING A MOTOR VEHICLE

For any incident involving a motor vehicle you were operating or riding as a passenger, please complete the following:

Private vehicle involved in incident:

Make of vehicle: _____ Model: _____ Year: _____

License number: _____ State: _____

Driver: _____ Age: _____

Owner of vehicle: _____

Insurance Company: _____ Policy number: _____

Speed of vehicle at the time of the incident: _____ Has the vehicle been repaired: _____

If the vehicle has been repaired, location of repair(s): _____

Cost of repair(s): _____ Have the repair(s) been paid for: _____

If the repair(s) were paid for, who paid for them: _____

The damages consist of the following: _____

3. INCIDENT INVOLVING A CITY OF HICKORY VEHICLE

If a City of Hickory vehicle was involved in the incident, please complete the following:

City vehicle No: _____ Department: _____ Operator: _____

Make of vehicle: _____ Model: _____ Year: _____

License number: _____ Speed of vehicle: _____

4. INCIDENT INVOLVING PROPERTY DAMAGE

For any incident involving property damage other than vehicle damage, please complete the following:

Property involved in incident:

Address: _____

City: _____ State: _____ Zip code: _____

5. INJURIES

Please describe any physical injuries that occurred from the incident.

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Nature of injuries: _____

Doctor(s): _____

Hospital(s): _____

Date of treatment: _____

6. WITNESSES

If there were any witnesses to the incident, please list their names, phone numbers and addresses below:

Name: _____ Phone number: (_____) _____

Address: _____

Name: _____ Phone number: (_____) _____

Address: _____

Name: _____ Phone number: (_____) _____

Address: _____

7. INVESTIGATION

Officer: _____ Department: _____ Report number: _____

8. CITY'S LIABILITY

Do you know if the City of Hickory had direct knowledge about the problem and failed to correct it? _____

Explain in your own words how you were injured or how the damage occurred and in what way you believe the City of Hickory was responsible: _____

City Department involved in the incident: _____

City employee(s) involved in the incident: _____

Please attach any additional comments or pictures related to the incident to this form.

I affirm that the information submitted on this form is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Submit