

To file a claim against the City of Bloomington, complete this form and send to:

City Clerk, City of Bloomington
1800 W. Old Shakopee Road
Bloomington MN 55431-3027

- Instructions:**
1. The claim must be filed with the City Clerk office within 180 days of the occurrence.
 2. The claim must be based on the fault or liability of the City or its employees. The City may deny any claim where the City is not at fault.
 3. Please complete this form in its entirety by typing or printing your answer to each question in the space provided. If additional space is needed, please attach additional sheets.
 4. Attach copies of bills, estimates, police reports, pictures or other documents outlining the basis for the claim to this form. Please note: All documentation provided will not be returned.

- Investigation:**
1. Once received by the City Clerk, a copy of this form will be processed by Risk Management.
 2. Investigators will acknowledge receipt of your claim within 14 days. You may request additional information at that time.
 3. Claims investigators will research your claim and recommend payment or denial.
 4. If you don't hear from an investigator within two weeks of your claim submission, or you have questions regarding the progress of your claim, call the City's Risk Manager at 952-563-4932.

Name: _____

Address: _____ **Daytime Phone:** _____

City: _____ **State:** ____ **Zip:** _____ **Evening Phone:** _____

Incident/Accident Information

Date of Incident/Accident: _____ **Time:** _____ a.m. or p.m. *Circle one.*

Location of Incident/Accident: _____
Be specific. Give street address, direction traveling, side of street, etc. Include diagram on a separate sheet, if necessary.

Diagram of Incident/Accident, if applicable:

Provide **what occurred and the circumstances** surrounding the incident/accident. Indicate how the City of Bloomington was involved and why you feel the City is responsible providing the total amount of compensation being requested.

Compensation being requested: _____

Provide names and phone numbers of any **City employees** involved in this incident/accident and how they were involved.

Provide names and telephone numbers of any **witnesses** to the incident/accident and how they were involved.

Auto/Property Damage

Provide two (2) estimates for the costs of repair.

Was **your vehicle** involved? Yes No *Circle one. If yes, describe your vehicle.*

Year, Make, Model: _____ License Plate No: _____

Extent and area damaged: _____

Was a **City vehicle** involved in the accident/incident? Yes No *Circle one. If yes, describe the City vehicle.*

Type : _____ Year, Make, Model: _____

Color: _____ License Plate No: _____

Description of Vehicle: _____

Were the **police called**? Yes No *Circle one*

Police Report No: _____

Personal Injury: *Include any additional information that you think will be important in the investigation of your claim.*

By signing this form, you are stating that all of the information provided is true and correct to the best of your knowledge. *MN Statute 60A.955 states, "A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime."* Unsigned forms **will not** be processed.

Signature: _____ Date: _____

Printed Name: _____