

CLAIMANT REPORT NOTICE

PLEASE COMPLETE ALL RELATED AREAS AND ATTACH ANY BILLS, RECEIPTS, OR ESTIMATES. FORM MUST BE SIGNED AND DATED.

Name of Public Entity claim being made against: **City of Pierre**

Name of claimant making claim _____ Residential Phone _____

Address _____ Business Phone _____

Date of Incident/Accident _____ Time of Incident/Accident _____ a.m. / p.m.

Location of Incident/Accident _____

Type of Incident (Check all that apply): Injured Person Property Damage Both Other

Injured Person Injured Person: _____ Occupation: _____
Did you see a doctor? Yes No Doctor's Name: _____
Were you hospitalized? Yes No Hospital: _____
Have you returned to work or school? Yes No Age: _____
Describe Incident/Accident: _____
Extent of Injury: _____
Why were you on the premises? _____
Name of police officer or government authority this was reported to: _____

Property Damage (Including Automobile) List of Property Damaged: _____
How was the Property Damaged? _____
Age of Property Damaged: _____

Driver, if other than owner: _____	Phone: _____
Address: _____	

Auto: Year, Make, Model _____ VIN: _____

Place where vehicle can be inspected: _____

Estimated Cost of Repair: _____

SOUTH DAKOTA LAW REQUIRES THE FOLLOWING:

SDCL 3-21-2 Notice prerequisite to action for damages - Time Limit. No action for the recovery of damages for personal injury, property damage, error or omission or death caused by a public entity or it's employees may be maintained against the public entity or its employees unless written notice of the time, place and cause of the injury is given to the public entity as provided by this chapter within one hundred eighty days after injury.

SDCL 3-21-3 Persons to whom notice must be given. Notice shall be given to the following officers as applicable: In the case of a county, to the county auditor; In the case of a municipality, to the mayor or city finance office; In the case of other public entities, to the chief executive officer or secretary of the governing board.

Date Signature of Claimant(s)

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