Notice of Tort Claim

FOR PROPERTY DAMAGE OR BODILY INJURY

This form is to be completed by the claimant and is a requirement that if used, be presented to and filed with the clerk or secretary of the public entity involved. This form is being provided as a courtesy to assist you in filing your claim. Providing this form to you is not an admission, nor shall it be construed to be an admission, of liability or an acknowledgement of the validity of a claim by the political subdivision. Legal requirements for filing claims can be found in the Idaho Code: Title 6. Chapter 9. All claims must be filed promptly and in writing.

CLAIMANT INFORMATION: (P	LEASE PRINT)
1. Full Name:	
2. Current Address/City/State/	Zip:
3. Mailing Address (if different):
4. Claimant phone:	E-mail:
5. Address for six months price	or to the date of damage or injury:
6. Date of Incident:	Location:
7. Time of Incident:	_ a.m./p.m. (circle one)
8. DESCRIBE IN DETAIL WHA	T DAMAGE OR INJURY OCCURRED: (Attach additional documentation if necessary)
9. Witnesses:	Phone:
I hereby certify that I have read t	the above information and it is true and correct to the best of my knowledge.
I hereby make a claim against _	(a public entity)
	(a public entity)
for	in the amount of:
IMPORTANT : If you were injure 42 U.S. C. 1395.	ed and you are on Medicare/Medicaid, please fill out the following as required by
Date of Birth:SSN	: Medicare/Medicaid Number:
Signature:	Date:

Per Idaho Statute Title 41, Chapter 13: 41-1331-Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony. "Statement" includes, but is not limited to, any notice, statement, proof of loss, bill of lading, receipt for payment, invoice, account, estimate of property damages, bill for services, diagnosis, prescription, hospital or doctor records, x-ray test results, or other evidence of loss, injury, or expense.