

The amount claimed, as of the date of presentation of this claim, is computed as follows:

Damages incurred to date (exact):

Estimated prospective damages as far as known:

Damage to property.....\$ _____

Expenses for medical and hospital care.....\$ _____

Loss of earnings.....\$ _____

Special damages for.....\$ _____

General damages.....\$ _____

Total damages incurred to date.....\$ _____

Future expenses for medical and hospital care.....\$ _____

Future loss of earnings.....\$ _____

Other prospective special damages.....\$ _____

Prospective general damages.....\$ _____

Total estimate prospective damages.....\$ _____

Total amount claimed as of date of presentation of this claim: \$ _____

Was damage and/or injury investigated by police? _____ If so, what city? _____

Where paramedics or ambulance called? _____ If so, name city or ambulance _____

If injured, state date, time, name and address of doctor of your first visit _____

WITNESSES to **DAMAGE** or **INJURY**: List all persons and addresses of persons known to have information:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

DOCTORS and HOSPITAL:

Hospital _____ Address _____ Date Hospitalized _____

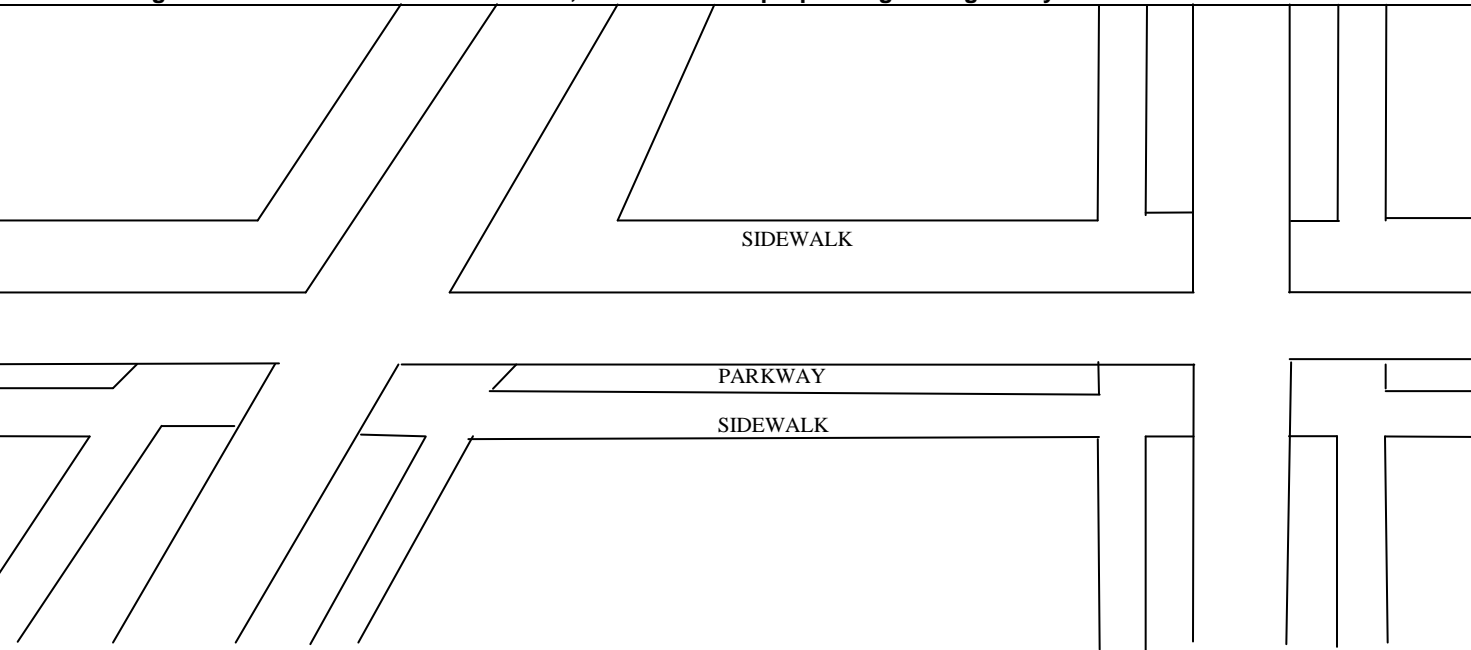
Doctor _____ Address _____ Date Hospitalized _____

Doctor _____ Address _____ Date Hospitalized _____

READ CAREFULLY

For all accident claims, place on following diagram, names of streets, including North, East, South, and West; indicate place of accident by "X" and by showing house numbers or distances to street corners. If County Vehicle was involved, designate by letter "A" location of County Vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw County Vehicle; location of County vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X".

NOTE: If diagram below does not fit the situation, attach hereto a proper diagram signed by claimant.



Signature of claimant or person filing on his behalf giving relationship to Claimant:

Printed Name:

Date: