



[ CITY OF ]

OTTUMWA

### AUTO PHYSICAL DAMAGE / AUTO LIABILITY CLAIM REPORT

Date: \_\_\_\_\_

Claim Contact Member: Kristen Mitchell

Member Name: City of Ottumwa

Telephone No. 641-683-0617

Address: 105 E Third Street Ottumwa Iowa 52501  
Street City State Zip

Certificate No.: 0014

Date of Loss: \_\_\_\_\_

Loss Location: \_\_\_\_\_

Time of Loss: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Accident Facts:

#### MEMBER VEHICLE

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Year/Make/Model  
 VIN #  
 Vehicle Location  
 Name of Driver  
 Driver License #  
 Lien Holder/Owner  
 Is Vehicle Drivable?

#### CLAIMANT VEHICLE

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Was the Member's vehicle used with permission? \_\_\_\_\_

Accident Witness/Phone: \_\_\_\_\_

Police Department: \_\_\_\_\_

Report No.: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

This form has been completed by:

Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

**\*\*\*Submit two written estimates and/or bills paid to date\*\*\***

Location Code:  Administration  Police  Fire  Parks/Recreation  Water/Sewer  Streets/Highways

Mail to: City Hall, ATTN: Risk Mgr  
105 E. Third St., Ottumwa, Iowa 52501  
Email to [mitchellk@ottumwa.us](mailto:mitchellk@ottumwa.us)

Fax No.: 641.683.0613  
Phone No.: 641.683.0617

Report Completed By: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Print

Signature: \_\_\_\_\_