



### GENERAL 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: \_\_\_\_\_ Time of Loss: \_\_\_\_\_ Loss Location: \_\_\_\_\_

Is the Loss Location owned and/or maintained by the Member?  Yes  No

If not, please explain:

Facts of Loss and Damage:

Injuries: \_\_\_\_\_

Injured Claimant: \_\_\_\_\_ Telephone No. \_\_\_\_\_

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

Physician: \_\_\_\_\_ Hospital: \_\_\_\_\_

Were the Police or Fire Dept. called? \_\_\_\_\_ *If so, attach copy of report(s).*

Witness Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Does the Claimant have an Attorney?  Yes  No Attorney Name: \_\_\_\_\_

Attorney Phone No.: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

This form has been completed by:

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

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

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

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: \_\_\_\_\_