

**City of La Crosse**  
**CLAIM OF INJURY/PROPERTY DAMAGE**

1. Today's Date:	2. Your Name (Last, First, Middle Initial):		
3. Your Address:			
4. City, State, Zip:			
5. Telephone Number (Daytime): (    )		6. Telephone Number (Nighttime): (    )	
7. Date of Incident:	8. Time of Incident: <input type="checkbox"/> AM _____ <input type="checkbox"/> PM	9. Type of Loss: <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Property Damage <input type="checkbox"/> Other _____	10. Police Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Location where incident happened.                      (Include street address or highway if possible.)			
12. Describe what happened. (Attach additional pages, photographs, police reports, or any other supporting documents.)			
13. Amount of Damages: Bodily Injury:                      \$ _____ Property Damage:                      \$ _____		14. Attach itemization of damages, including list of property damaged, estimates of repair cost, and other relevant information.	
15. For bodily injury, describe extent of injuries.			
16. Name of Attending Physician.		17. Place of Treatment.	
18. Attach copies of any other supporting documents (invoices, bills, etc.) and return to:  City Clerk City of La Crosse 400 La Crosse St., 2nd floor La Crosse, WI 54601		19. I certify the above information is true and correct to the best of my knowledge.  <div style="text-align: center;">_____</div> Your Signature	