

SWORN STATEMENT OF CLAIM

STATE OF ALABAMA

JEFFERSON COUNTY

YOUR NAME: _____ PHONE: _____

EMAIL: _____

ADDRESS: Street _____ Apt# _____

City _____ State _____ Zip _____

OCCUPATION: _____

DATE OF ACCIDENT: _____ TIME: _____ A.M. _____ P.M.

PLACE OF ACCIDENT: (Be specific) _____

NAME OF CITY EMPLOYEE INVOLVED: _____

CITY VEHICLE NUMBER: _____

HOW DID THIS ACCIDENT HAPPEN? (Give full details. Use additional sheet if necessary)

DESCRIBE ANY PERSONAL INJURIES: _____



DESCRIBE PROPERTY DAMAGE: (Attach estimates) _____

WITNESSES:

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

WAS THIS INCIDENT REPORTED TO THE POLICE? _____ REPORT NUMBER _____

LIST ALL DOCTORS AND HOSPITALS INVOLVED IN TREATMENT, IF ANY: _____

IF ANY MEDICAL TREATMENT, HAVE YOU EXECUTED MEDICAL INFORMATION
RELEASE ON FOLLOWING PAGE? _____

IF YOU CARRY INSURANCE FOR THIS LOSS, STATE THE NAME OF THE COMPANY:

STATE THE AMOUNT OF THIS CLAIM: _____

CLAIMANT-AFFIANT

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20__.

NOTARY PUBLIC

