



NOTICE OF INJURY, PROPERTY, OR VEHICLE DAMAGE

Please fill out all information that applies to your claim.

CLAIMANT'S NAME: _____

CLAIMANT'S HOME ADDRESS: _____

CLAIMANT'S HOME TELEPHONE: (____) _____

NAME OF CLAIMANT'S EMPLOYER: _____

CLAIMANT'S OCCUPATION: _____

CLAIMANT'S BUSINESS ADDRESS: _____

CLAIMANT'S BUSINESS TELEPHONE: (____) _____

CLAIMANT AUTO: MAKE, YEAR, AND PLATE NUMBER:

ADDITIONAL CLAIMANT NAME:

DATE OF INCIDENT: _____ **TIME OF INCIDENT:** _____

LOCATION OF INCIDENT: _____

NATURE AND EXTENT OF DAMAGE SUSTAINED: _____

STATE IN SPECIFIC DETAIL THE CIRCUMSTANCES OF HOW AND WHERE THE INCIDENT OCCURRED:

STATE WHETHER YOU WERE ADMITTED TO A HOSPITAL AS A RESULT OF THIS INCIDENT:

IF SO, STATE WHAT HOSPITAL AND THE RESPECTIVE ADMISSION AND RELEASE DATES:

DATE OF ADMISSION: _____

DATE OF RELEASE: _____

IF YOUR CLAIM IS FOR PROPERTY DAMAGE, STATE THE SPECIFIC NATURE OF THE DAMAGE OR LOSS AND THE PRESENT LOCATION OF THE PROPERTY DAMAGED (IF APPLICABLE, ATTACH WRITTEN ESTIMATES OF REPAIR):

IF YOUR CLAIM IS FOR LOST WAGES,

(A) STATE YOUR AVERAGE WEEKLY WAGE:

(B) STATE WHETHER YOU HAVE RETURNED TO WORK AND IF SO, ON WHAT DATE:

(C) STATE HOW LONG YOU HAVE BEEN WORKING FOR THIS EMPLOYER:

(D) STATE WHETHER YOU HAVE FILED A CLAIM FOR COMPENSATION UNDER THE TEXAS WORKERS' COMPENSATION LAW, THE RESPECTIVE DATE OF SUCH CLAIM, WHETHER YOU HAVE RECEIVED BENEFITS:

_____ YES

_____ NO

IF YES, DATE OF CLAIM: _____

BENEFITS RECEIVED: _____ YES _____ NO **IF YES, STATE THE AMOUNT:** _

NAMES, ADDRESSES AND PHONE NUMBERS OF WITNESSES, IF AVAILABLE:

I HEREBY AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND BASED ON MY PERSONAL KNOWLEDGE AND I HEREBY AUTHORIZE THE RELEASE TO THE CITY OF BRECKENRIDGE ANY AND ALL INFORMATION WITH REGARD TO MEDICAL HISTORY, CONSULTATIONS, PRESCRIPTIONS, DIAGNOSIS, REPORTS OR TREATMENTS, AND EMPLOYMENT RECORDS AS THE SAME RELATES TO THIS CLAIM.

SIGNED THIS _____ **DAY OF** _____, 20 _____

SIGNATURE

Sec. 1-30. – Claims against City –Reporting requirements.

The City shall never be liable for any claim for property damage or for personal injury, whether such personal injury results in death or not, unless the person damaged or injured, or someone in his/her behalf, or, in the event the injury results in death, the person or persons who may have a cause of action under the law by reason of such death or injury, shall, within 60 days from the date the damage or injury was received, give notice in writing to the mayor and City Commission of the following facts:

- a) The date and time when the injury occurred and the place where the injured person or property was at the time when the injury was received.
- b) The nature of the damage or injury sustained.
- c) The apparent extent of the damage or injury sustained.
- d) A specific and detailed statement of how and under what circumstances the damage or injury occurred.
- e) The amount for which each claimant will settle.
- f) The actual place of residence of each claimant by street, number, city and state on the date the claim is presented.
- g) In the case of personal injury or death, the names and addresses of all persons who, according to the knowledge or information of the claimant, witnessed the happening of the injury or any part thereof and the names of the doctors, if any, to whose care the injured person is committed.
- h) In the case of property damage, the location of the damaged property at the time the claim was submitted along with the names and addresses of all persons who witnessed the happening of the damage or any part thereof.

Sec. 1-31. Same— Commission to consider claim before lawsuit.

No suit of any nature whatsoever shall be instituted or maintained against the City unless the plaintiff therein shall aver and prove that previous to the filing of the original petition the plaintiff applied to the City Commission for redress, satisfaction, compensation, or relief, as the case may be, and that the same was by vote of the City Commission refused.

Sec. 1-32. Same—Service of notice.

All notices required by this division shall be effectuated by serving them upon the City Secretary at the Breckenridge City Administration Building at 105 North Rose Avenue, and all such notices shall be effective only when actually received in the office of the person named above.

Sec. 1-33. Same—Waiver of provisions prohibited.

Neither the mayor, a City Commissioner, nor any other officer or employee of the City shall have the authority to waive any of the provisions of this article.

Sec. 1-34. Same—Notice to be sworn.

The written notice required under this article shall be sworn to by the person claiming the damage or injuries or by someone authorized by him or her to do so on his/her behalf. Failure to swear to the notice as required herein shall not render the notice fatally defective, but failure to so verify the notice may be considered by the City Commission as a factor relating to the truth of the allegations and to the weight to be given to the allegations contained therein.