

CLAIMANT REPORT NOTICE - SDPAA

Please complete all related areas and attach any bills, receipts, or estimates.

This form **MUST** be signed and dated.

CLAIMANT INFORMATION

Name of member claim is being made against: _____
Name of CLAIMANT making claim: _____ Preferred Phone #: _____
Claimant Address: _____ Claimant Cell #: _____
Date of Incident/Accident: _____ Time of Incident/Accident: _____ (am or pm)
Location of Incident / Accident: _____
Type of Incident: (check all that apply) Injured Person Property Damage Both Other

INJURED PERSON

Your Occupation _____ Employer: _____
Did you see a doctor? Yes No _____ Doctor's Name: _____
Were you hospitalized? Yes No _____ Hospital: _____
Have you returned to work or school? Yes No _____
Date of Birth: _____ Age: _____ SSN: _____
Describe the Incident / Accident: _____
Extent of Injury: _____
Why were you on the premises? _____
Name of police officer or governmental authority this reported to: _____

PROPERTY DAMAGE

(Including Automobiles)

List property damaged: _____
Age of property damaged: _____
How was the property damaged? _____
Driver, if other than owner: _____
Address: _____
Residential phone: w/ area code _____ Business Phone: _____
Auto: Year; Make; & Model: _____ VIN: _____
Describe Incident / Accident: _____
Place where vehicle can be inspected: _____
Estimated Cost of Repair: _____

SOUTH DAKOTA LAW REQUIRES THE FOLLOWING:

SDCL 3-21-2 Notice prerequisite to action for damages - Time Limit. No action for the recovery of damages for personal injury, property damage, error or omission or death caused by a public entity or its employees may be maintained against the public entity or its employees unless written notice of the time, place and cause of the injury is given to the public entity as provided by this chapter within one hundred eighty days after injury.

SDCL 3-21-3 Persons to whom notice must be given. Notice shall be given to the following officers as applicable: In the case of a county, the county auditor; In the case of a municipality, to the mayor or city finance officer; In the case of other public entities, to the chief executive or secretary of the governing board.

Date _____ Signature of Claimant(s) _____

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