

# Claim Report

Date of Loss: \_\_\_\_\_ Time of Loss: \_\_\_\_\_

Location of Loss: \_\_\_\_\_

\_\_\_\_\_

Details of Loss: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Claimant: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

Witness Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Police Report Filed: \_\_\_\_\_

Report Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to the Grinnell City Office, 520 4<sup>th</sup> Ave., Grinnell, IA 50112.

Questions: Call 641-236-2600 or email [edoll@grinnelliowa.gov](mailto:edoll@grinnelliowa.gov)