NOTICE OF TORT

CLAIM FOR DAMAGE OR INJURY

ATTENTION: This form is to be completed by the claimant and is a requirement, that if used, be presented to and filed with the clerk or secretary of the public entity involved. This form is being provided as a courtesy to assist you in filling your claim. Providing this form to you, is not an admission nor shall it be construed to be an admission of liability or an acknowledgement of the validity of a claim by the political subdivision. Legal requirements for filing claims can be found in the Idaho Code: Title 6, Chapter 9. All claims must be filed promptly and in writing.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ADDRESS FOR THE SIX MONTHS PRIOR TO THE DATE OF THE DAMAGE OR INJURY OCCURRED:

_____

PHONE: _____ EMAIL: _____

DATE OF INCIDENT: _____ TIME: _____ ☐ AM ☐ PM

LOCATION OF OCCURANCE: _____

INJURIES THAT RESULTED: _____

DESCRIPTION OF WHAT HAPPENED: (PLEASE ATTACH PHOTOS AND ANY ADDITIONAL INFORMATION YOU DEEM NECESSARY)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I hereby certify that I have read the above information and it is true and correct to the best of my knowledge. I hereby make a claim against Post Falls Highway District for _____

_____

_____, in the amount of _____.

If you were injured and you have Medicare/Medicaid, please complete the following as required by 42 U.S.C. 1395.

DATE OF BIRTH: _____

SOCIAL SECURTIY #: _____

MEDICARE/MEDICAID #: _____

_____ _____

SIGNATURE DATE