

City of Scottsbluff
CITIZEN INCIDENT REPORT

All tort claims under the Political Subdivisions Tort Claims Act and [sections 16-727](#), [16-728](#), [23-175](#), [39-809](#), and [79-610](#) shall be filed with the clerk, secretary, or other official whose duty it is to maintain the official records of the political subdivision, or the governing body of a political subdivision may provide that such claims may be filed with the duly constituted law department of such subdivision. It shall be the duty of the official with whom the claim is filed to present the claim to the governing body. All such claims shall be in writing and shall set forth the time and place of the occurrence giving rise to the claim and such other facts pertinent to the claim as are known to the claimant.

Date: _____

Date and location of Incident: _____

Claimant Name: _____ Phone: _____

Address: _____ City: _____ State and Zip: _____

City Department Contact: _____

Narrative of what happened: _____

Estimated amount of damages \$ _____ (attach estimates)

Attachments: Photos: _____ Estimates: _____ Medical Bills: _____

Witnesses: _____ Contact Information: _____

Citizen insurance information: _____

Reported by (city staff): _____

Received Date: _____

Signature of Claimant(s): _____

SUBMIT TO: KIM WRIGHT, CITY CLERK, CITY OF SCOTTSBLUFF
2525 CIRCLE DRIVE, SCOTTSBLUFF, NE 69361