

**WASHOE COUNTY RISK MANAGEMENT DIVISION**

**1001 E. Ninth Street**

**Reno, NV 89512**

**Phone (775) 328-2665, Fax (775) 325-8063**

**NOTICE OF CLAIM FOR DAMAGES AGAINST WASHOE COUNTY**

This office was notified of possible injury or damage to you or your property. If you wish to file a claim with Washoe County, please complete this form and submit the original signed claim to Washoe County, Risk Management Division.

**1. CLAIMANT INFORMATION**

\_\_\_\_\_  
Last Name                      First Name                      M.I.                      Gender (M/F)

\_\_\_\_\_  
Home Address (Street, City, State, Zip)

\_\_\_\_\_  
Mailing Address if other than Home Address (Street, City, State, Zip)

\_\_\_\_\_  
Home Number                      Cell Number

**2. EMPLOYMENT INFORMATION**

\_\_\_\_\_  
Employer's Name                      Address                      Phone Number

**3. DATE AND TIME OF OCCURANCE OR ACCIDENT WHICH GAVE RISE TO THIS CLAIM.**

\_\_\_\_\_  
Date                      Time

**4. DESCRIBE THE LOCATION OR PLACE OF THE ACCIDENT OR OCCURRENCE.**

**5. DESCRIBE HOW THE ACCIDENT OR OCCURENCE HAPPENED. IF A DIAGRAM WILL ASSIST YOUR EXPLANATION, PLEASE ATTACH A SEPARATE SHEET.**

**6. STATE THE NEGLIGENCE OR WRONGFUL ACTS OF WASHOE COUNTY OR ANY WASHOE COUNTY EMPLOYEES WHICH YOU BELIEVE ARE RESPONSIBLE FOR YOUR DAMAGES.**

**7. STATE THE NAME, ADDRESS, AND PHONE NUMBER OF ALL WITNESSES TO THE ACCIDENT OR OCCURRENCE.**

**8. PROVIDE THE NAME OF THE LAW ENFORCEMENT AGENCY AND OFFICERS WHO INVESTIGATED THIS ACCIDENT. ATTACH A COPY OF ANY POLICE REPORT.**

Police Department: \_\_\_\_\_

Police Officers: \_\_\_\_\_

Police Report Number: \_\_\_\_\_

**9. DESCRIBE ANY PROPERTY DAMAGE OR BODILY INJURY RESULTING FROM THIS ACCIDENT OR OCCURRENCE. PROVIDE PHOTOGRAPHS OF PROPERTY DAMAGE IF AVAILABLE.**

**10. IF YOUR CLAIM INVOLVES PROPERTY DAMAGE:**

(a) HAS THE PROPERTY BEEN REPAIRED/REPLACED? \_\_\_\_\_ (YES/NO)

(b) IF YES, BY WHOM? \_\_\_\_\_

WHEN? \_\_\_\_\_

TOTAL COST OF REPAIRS/REPLACEMENT (ATTACH INVOICES/RECEIPTS): \$ \_\_\_\_\_

**11. IF YOUR CLAIM INVOLVES DAMAGE TO AN AUTOMOBILE, PLEASE SUBMIT TWO (2) REPAIR ESTIMATES. PROVIDE PHOTOGRAPHS OF DAMAGE.**

\_\_\_\_\_  
Make Model Year Mileage

**12. IF YOUR CLAIM INVOLVES BODILY INJURY, THE FOLLOWING INFORMATION IS REQUIRED AND SUPPORTING DOCUMENTS TO PROVE YOUR LOSS MUST BE ATTACHED.**

(A) DATE OF BIRTH: \_\_\_\_\_

(B) SOCIAL SECURITY NUMBER: \_\_\_\_\_

(C) WERE YOU TRANSPORTED BY AMBULANCE? \_\_\_\_\_ (YES/NO)

IF YES, TO WHICH HOSPITAL? \_\_\_\_\_

(D) DATE OF FIRST MEDICAL TREATMENT: \_\_\_\_\_

(E) LOCATION OF FIRST MEDICAL TREATMENT: \_\_\_\_\_

(F) NAME OF TREATING PHYSICIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(G) ARE YOU ELIGIBLE FOR BENEFITS FROM MEDICARE, MEDICAID OR SCHIP? \_\_\_\_\_

(YES/NO)

IF YES, PROVIDE YOUR HICN NUMBER: \_\_\_\_\_

**13. TOTAL AMOUNT CLAIMED (REQUIRED): \$ \_\_\_\_\_**

**14. SIGNATURE (REQUIRED):**

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

**15. IF YOUR CLAIM IS ACCEPTED, A *RELEASE OF ALL CLAIMS – FINAL SETTLEMENT* FORM WILL BE MAILED TO YOU. UPON RECEIPT OF THE SIGNED RELEASE, A CHECK WILL BE MAILED TO YOU.**

**SUBMIT ORIGINAL SIGNED NOTICE OF CLAIM AND ALL SUPPORTING DOCUMENTATION TO:**

Washoe County  
Risk Management Division  
1001 E. Ninth Street  
Reno, NV 89512

**“NOTICE”**

NEVADA REVISED STATUTES (NRS) 197.160 provides that every person who knowingly presents a false or fraudulent claim is guilty of a gross misdemeanor, and is subject to criminal penalties of imprisonment of up to one year, and/or a fine of up to \$2,000.00.