

City of Newport News
Statement to the Office of Risk Management
Of Accident, Damage, or Injury



Office of Risk Management, 700 Town Center Drive, Ste. 230, Newport News, VA 23606 Phone: (757) 926-1315

Person/Firm making this statement (full name): _____

Address: _____

City & State _____ Zip _____

Primary Contact No. _____ E-Mail _____

Social Security No. ____/____/____ DOB _____

Are you a Medicare beneficiary? ___ Yes ___ No **Medicare No.** _____

(Above information is required before any payment is considered)

Date of Accident/Loss ____/____/____ Time of Accident/Loss _____ __AM __ PM

Exact Location of Accident/Loss Required: _____

Description of Accident/Loss (attach photos) _____

Witnesses (if any) (name, address & phone number): _____

Name of City Employee involved: _____

Type of statement being made ___ Auto Damage ___ Injury ___ Property Damage

For Auto Damage

Vehicle Owner _____

Make of Auto _____ Model _____ Color _____

Year _____ License Plate & VIN No. _____

Do you have insurance? ___ Yes ___ No Carrier: _____ Policy No.: _____

Is there a lien on your vehicle? ___ Yes ___ No

If so, lien holder name, address & phone number _____

For Injury

Nature of Injury _____

Were you treated? ___ Yes ___ No Did you miss time from work ___ Yes ___ No

Name and Address of Doctor/Hospital _____

Are you still under treatment? ___ Yes ___ No By whom _____

Current treatment is for _____

Do you have health insurance? ___ Yes ___ No

For Property Damage

Description of damage (attach photos) _____

Is this property insured? ___ Yes ___ No By whom _____

Name/Address of Property Owner: _____

Any additional information that you feel we should be aware of: _____

The furnishing of this form to you is for your convenience and is not an acknowledgement of liability or waiver of rights by the City of Newport News. Return any written repair estimates or bills with this form.

Omission of facts may cause delay or affect the outcome of our decision, so please complete fully and in detail. Falsification of information on this form may result in a denial of your damages or injury(ies).

Signature

Date

Mail Completed Form to:

**City of Newport News
Office of Risk Management
700 Town Center Drive, Suite 230
Newport News, VA 23606**