



**AUTO LIABILITY  
CLAIM AGAINST THE  
CITY OF  
WINSTON-SALEM**



*A claim must be filed with **City of Winston-Salem Risk Management Division** as soon as possible.*

*. Normal business hours: Monday through Friday, 8:00am to 5:00pm. Closed on official holidays.*

*Claims received during regular business hours will be recorded on the date received.*

*Mailed, emailed or hand-delivered claims received after business hours will be recorded on the next working day.*

**Please be sure your claim is against the **City of Winston-Salem**, and not another public entity.**

*Where space is insufficient, please use additional paper and identify information by section number and letter.*

*Completed forms may be mailed, emailed, or hand-delivered to:*

**Risk Management, 101 North Main Street, Winston-Salem, NC 27102**

**Phone: 336-734-1323, Email: [newclaims@cityofws.org](mailto:newclaims@cityofws.org)**

**Claimant Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone Business Telephone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**If claim involves a vehicle, Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_

**License Plate Number:** \_\_\_\_\_ **Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

**At time of accident, were you (check all that apply):** Owner  Driver  Passenger  N/A

**.Name and address of owner if different from claimant:** \_\_\_\_\_

**Phone number of Driver:** \_\_\_\_\_ **Date of Birth of Driver:** \_\_\_\_\_

**Names / addresses / phone #s of all occupants of vehicle at the time of the incident:** \_\_\_\_\_

**Insurance:** What company insures the damaged vehicle? \_\_\_\_\_

**Policy Number:** \_\_\_\_\_ **Claim Number:** \_\_\_\_\_

Name and address of your insurance agent or adjuster: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_

**Occurrence or event from which the claim arises:** Date of incident: \_\_\_\_\_

.Exact location (including nearest cross-streets): \_\_\_\_\_

Were you injured? Yes \_\_\_\_ No \_\_\_\_ Was anyone else injured? Yes \_\_\_\_ No \_\_\_\_

Nature and extent of any injuries (If there was no injury, please state "No Injuries"): \_\_\_\_\_

If you were injured, name / phone / address of your treating doctor: \_\_\_\_\_

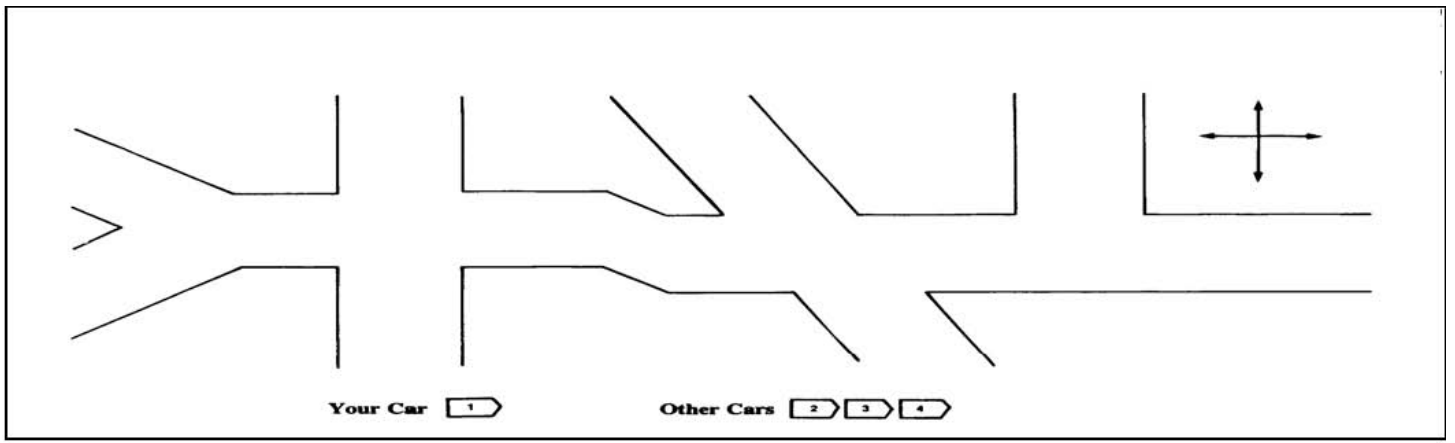
Names / Addresses / Phone Numbers of any witnesses to the incident: \_\_\_\_\_

**Damages Claims:** Amount claims as of this date: \_\_\_\_\_

Estimated Amount of Future Costs: \_\_\_\_\_ Total Amount Claimed: \_\_\_\_\_

**Description of Incident:** What happened? Give a full account, including the speed of each car and the direction each car was traveling. Please use the diagram on the next page.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



*I certify that the above facts are true and accurate to the best of my knowledge.*

\_\_\_\_\_  
Claimant Print Name

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

\_\_\_\_\_  
Date