



**GENERAL 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:** \_\_\_\_\_

**Claim Event Information:** **Date of Incident:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **AM/PM**

**Specific Location:** \_\_\_\_\_

**Please describe what happened, as specifically as possible:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please state how you believe the City of Winston-Salem or its employees were at fault: \_\_\_\_\_

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Please describe any injuries, property damages, or other losses related to this claim.: \_\_\_\_\_

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Please provide the names of any City employees or Departments you believe caused the damages or injuries.

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Please provide the names, addresses, and phone numbers of anyone who suffered injuries related to this claim.

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Please provide the name and address of the owner of any damaged property, if different than the claimant.

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**Damages claimed:**

Amount claimed as of this date: \$ \_\_\_\_\_

Estimated amount of future costs: \$ \_\_\_\_\_

Total amount claimed: \$ \_\_\_\_\_

Basis for calculation of amounts claimed (please attached copies of all bills, invoices, estimates, etc.) \_\_\_\_\_

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Names and addresses of all witnesses: \_\_\_\_\_

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Additional information: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Date