TULARE COUNTY BOARD OF SUPERVISORS
RISK MANAGEMENT

RETURN FORM TO: **TULARE COUNTY BOARD OF SUPERVISORS**
CLERK OF THE BOARD
2800 W. Burrel
Visalia CA 93291-4593

LIABILITY CLAIM REPORT

AGENCY	DIVISION	SECTION	RMS No. (For RMS USER ONLY)

This Report Involves:	☐ Bodily Injury	☐ Property Damage
Person To Contact:		
Telephone Number:		

FACTS (Use another blank sheet if more space is needed)	Date of Loss:	Time: AM PM	
	Location:		
	Description of Incident:		
CLAIMANT(S) (Use another black sheet if more space is needed)	Name	Address	Phone No. H W
	Description of Injury		
	Description of Property Loss		
	Name	Address	Phone No. H W
	Description of Injury		
	Description of Property Loss		
	Name	Address	Phone No. H W
	Description of Injury		
	Description of Property Loss		

WITNESSES	1) Name	Address	Phone No.
	2) Name	Address	Phone No.
	3) Name	Address	Phone No.

POLICE REPORT	Agency	Officer and ID No.	Report No.

REMARKS: _____

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DRAW ROUGH DIAGRAM OF ACCIDENT (OPTIONAL BUT WILL ASSIST IN HANDLING YOUR CLAIM):
Show your car as 1 ; other car as 2 as the collision occurred.

Show direction and distance traveled before crash by solid line thus: _____. Then indicate point of crash; and positions and distances traveled after collision. Show distance and direction traveled after crash by dotted line thus: ---------- (OPTIONAL BUT WILL ASSIST IN HANDLING YOUR CLAIM)

I hereby certify that this is a true statement of the facts to the best of my knowledge and belief.

_____ _____
Signature Date

Warning

Section 72 of the Penal Code provides: "Every person who, with intent to defraud, presents for allowance or for payment to any state board of officer, or to any county, city, or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable either by imprisonment in the county jail for a period of not more than one year, by a fine of not exceeding one thousand dollars ($1,000), or by both such imprisonment and fine, or by imprisonment in the state prison for a period of not more than five years, by a fine not exceeding ten thousand dollars ($10,000), or by both such imprisonment and fine…"

LIABILITY CLAIM REPORT

To submit a claim for liability losses, a Risk Management Liability Claim Report form must be completed by anyone making a claim for injury or property damage.

1. **This Report Involves:** Indicate whether bodily injury or property damage.

2. **Contact Person:** This would be the person who is most familiar with the incident.

3. **Telephone Number(s):** The contact person's telephone number.

4. **Facts:** List the date of the loss, time, location and description of incident.

5. **Claimant(s):** Name of the claimant, address, telephone number, description of injury and/or description of property involved.

6. **Witnesses:** Witnesses to the incident.

7. **Police Report:** Were any police reports filed? If available, list the Officer's name and I.D. number and report number.

8. **Remarks:** Any additional comments you may have concerning the loss.