



**Personal Injury**

Did any individual involved in the incident incur a personal injury? Yes \_\_\_\_ No \_\_\_\_

If yes, type of injury:

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

Did you/they visit a doctor? Yes \_\_\_\_ No \_\_\_\_

If yes, list the doctor and/or hospital including City, State and Zip Code:

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

Please attach bills and/or receipts for all medical attention received which was a result of the occurrence. Additional information may be provided by attaching sheets to this claim form.

**Property Damage**

Describe the property and the damage incurred as a result of the occurrence. **Attach at least two estimates for repair of the damaged property.**

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

**Other Insurance Coverage**

List all insurance coverage for which you or your property is presently insured:

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

Have you filed, or will a claim be filed for any portion of these damages with any other person or company? Yes \_\_\_\_ No \_\_\_\_

If yes, with whom and for how much?

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

NOTICE: ALL PARTICULARS ABOVE MUST BE SPECIFIC ENOUGH TO ENABLE OFFICERS OF LAYTON CITY OR THEIR AGENTS TO FIND THE PLACE AND CAUSE OF INJURY. ALL CLAIMS MUST BE FILED WITHIN ONE YEAR (UCA 10-7-77 AND 63-30-13). ALL CLAIMS NOT APPROVED WITHIN 90 DAYS AFTER FILING ARE DEEMED DENIED.

I certify under penalty of perjury, that the foregoing statements are true to the best of my knowledge and belief. I understand that my filing of a materially false claim may constitute fraud and subject me to criminal prosecution.

Signed \_\_\_\_\_ Date \_\_\_\_\_

STATE OF UTAH )  
COUNTY OF \_\_\_\_\_)

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_,  
by \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person  
who appeared before me.

Witness my hand and official seal.

\_\_\_\_\_

NOTARY PUBLIC