

## **ACCIDENTS ON COUNTY PROPERTY**

Please find attached a Notice of Claim. Please make copies of this document for your office.

In addition, copies are available on the HR Bulletin Board on the Second Floor and in the County Auditor's Office.

If you are aware of and/or have witnessed an accident on county property, please promptly provide a written statement to the County Auditor's Office within 24 hours.

Thank you for your assistance with complying with the requirements of Texas Association of Counties.

**NOTICE OF CLAIM**

CLAIMANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

CLAIMANT'S ADDRESS: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

**ACCIDENT INFORMATION**

LOCATION OF ACCIDENT: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_ TIME OF ACCIDENT: \_\_\_\_\_

DESCRIBE ACCIDENT IN DETAIL: \_\_\_\_\_

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

**BODILY INJURY OR PROPERTY DAMAGE**

DESCRIBE INJURY OR PROPERTY DAMAGE SUSTAINED:

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

WHY DO YOU FEEL FALLS COUNTY IS LIABLE FOR THESE DAMAGES?

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

\_\_\_\_\_

Claimant Signature

Date: \_\_\_\_\_

\_\_\_\_\_

Witness Signature

Date: \_\_\_\_\_