



City of Victoria Claim Form

Please submit this form to:

City of Victoria
Legal Department
P.O. Box 1758
Victoria, TX 77902

Fax to: 361-485-3534 -or- Email to: kvincik@victoriatx.org

The Charter of the City of Victoria provides that written notice of claims for personal injuries or property damage must be given to the City within six months after the injuries or damages occur.

Acceptance of a claim by the City does not constitute an admission of liability.

Name: _____

Address: _____ Phone: _____

eMail: _____

Property Damage Personal Injury Total amount claimed: \$ _____

Date & Time of Incident: _____

Location of Incident: _____

Was there any construction in progress at this location? Yes No

Describe incident:

Attach a separate sheet, if necessary

Describe any efforts you made to prevent the incident or minimize damages:

List all witnesses, including contact information for each:

Were police called to the scene of the incident? Yes No

Was any medical care paid by Worker's Compensation, Medicare or Medicaid? Yes No

Do you carry insurance that may cover any part of this claimed loss? Yes No

If yes, please give insurance company name, agent, phone number, deductible, type (home or auto) and policy number: _____

If this claim involves a motor vehicle, please provide information about the make, model, owner's name, Vehicle Identification Number, and the name of the person driving at the time of the incident:

For claims involving the condition of City streets or other City property, please provide the following:

When did the City first know about defective conditions? _____

How did the City find out about the defective conditions? _____

Please list the names and titles of City employees who knew about the defective conditions:

Have you ever made any claims or filed any lawsuits in the past concerning personal injury? Yes No

If you have made previous claims or filed lawsuits, please provide dates and the nature of each claim or lawsuit: _____

Date: _____

Signature of claimant: _____