

Sent to Risk Manager:  
 \_\_\_\_\_  
 Sent to Black Hills Agency:  
 \_\_\_\_\_

**Claim Form  
 City of Rapid City  
 300 Sixth Street  
 Rapid City, SD 57701  
 (605) 394-4143 (fax #605-394-2232)**

Claimant: \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address: \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Date and Time of Incident: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Location of Incident: \_\_\_\_\_ Email \_\_\_\_\_  
 Type of Accident:  
 (Check all that apply): ( ) Injured Person ( ) Property Damage ( ) Automobile Accident

**Injured Person**

Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_  
 Did you see a doctor? Yes ( ) No ( ) Doctor's Name: \_\_\_\_\_  
 Were you hospitalized? Yes ( ) No ( ) Hospital: \_\_\_\_\_  
 Have you returned to work or school? Yes ( ) No ( ) Age: \_\_\_\_\_  
 Probable disability period: \_\_\_\_\_  
 Why were you on the premises? \_\_\_\_\_  
 Describe incident (nature & extent of injury): \_\_\_\_\_  
 \_\_\_\_\_  
 Name of police officer or governmental authority this was reported to:  
 \_\_\_\_\_

**Property Damage**

List property damaged: \_\_\_\_\_  
 Age of damaged property: \_\_\_\_\_  
 Estimated cost of repair: \_\_\_\_\_  
 How was property damaged? \_\_\_\_\_

**Automobile Accident**

Driver, if other than owner: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Estimated cost of repair: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Vehicle: (year, make, model): \_\_\_\_\_  
 Name and Department of governmental employee involved in accident:  
 \_\_\_\_\_  
 Where did accident take place? \_\_\_\_\_  
 Your description of accident and damage: \_\_\_\_\_

**(Attach copy of Police Report)**

**SOUTH DAKOTA LAW REQUIRES THE FOLLOWING:**

SDCL 3-21-2: Notice prerequisite to action for damages -- Time limit. No action for the recovery of damages for personal injury, property damage, error or omission or death caused by a public entity or its employees may be maintained against the public entity or its employees unless written notice of the time, place and cause of the injury is given to the public entity as provided by this chapter within one hundred eighty days after the injury.

SDCL 3-21-3: Persons to whom notice must be given. Notice shall be given to the following officers as applicable: In the case of a county, to the County Auditor; in the case of a municipality, to the Mayor or City Finance Officer. In the case of other public entities, to the chief executive officer or secretary of the governing board.

\_\_\_\_\_  
 Date City of Rapid City Claimant