

SDPAA CLAIMANT REPORT NOTICE

****TO BE COMPLETED BY INJURED/DAMAGED PARTY****

PLEASE COMPLETE ALL RELATED AREAS AND ATTACH ANY BILLS, RECEIPTS, OR ESTIMATES.
FORM MUST BE SIGNED AND DATED.

Name of Member claim being made against _____
Name of person(s) making claim _____ Preferred phone _____
Address _____ Other phone _____
Date of Incident/Accident _____ Time of Incident/Accident _____ (a.m.) _____ (p.m.)
Location of Incident/Accident _____
Type of incident: (Check all that apply) { } Injured Person { } Property Damage { } Both { } Other

INJURED PERSON Occupation _____ Employer _____
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 Date of Birth: _____
Describe Incident/Accident _____

Extent of Injury _____

Why were you on the premises? _____

Name of law enforcement officer or governmental authority to whom this injury was reported: _____

PROPERTY DAMAGE (Including Automobile) List property (age) damaged _____

How was property damaged? _____

Driver, if other than owner _____
Address _____
Preferred Phone: _____ Other Phone: _____
Auto: Year, Make & Model _____
VIN: _____
Describe Incident/Accident: _____

Place where vehicle can be inspected _____
Estimated Cost of Repair _____

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 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 Signature of Claimant

Date Signature of Claimant (if more than one person making claim)