



## **CLAIM FOR INJURY/DAMAGES FORM PACKET**

Please *carefully read all of the information in this packet* before completing and presenting your Claim for Injury/Damages form.

### Documents Contained in the Claim for Damages Form Packet

- Instructions for completing the Claim for Damages form;
- Claim for Damages form;

### Requirements for Presenting Claim for Damages Form

In order to verify the claim and additional supporting information, the Claim for Injury/Damages form must be signed by one of the following:

- The Claimant; or
- A person who has been given authority by the Claimant under a written power of attorney; or
- An attorney, on the Claimant's behalf; or
- A parent or court-approved guardian on behalf of the Claimant.

### Important Notes

The Township prefers an original signature on the Claim for Injury/Damages form that is submitted. However, the claim forms may be submitted electronically (fax or e-mail).

The length of the Claim for Damages investigation varies greatly depending on the complexity of the issues and the availability of evidence to support the claim. A Claim for Injury/Damages can be resolved and closed quicker when all relevant information and documents are provided initially for the Township's consideration.

Some of the information requested on this form may be subject to public disclosure under the PA Open Records Law.

### Contact:

Present in Person or Mail the Claim for Injury/Damages Form (pages 3 through 5) and Supporting Documents to the Township. Claims for Injury/Damages must be presented, either in person or by mail (regular mail, registered mail or certified mail, with return receipt requested) to the following:

Manheim Township  
Attn: Township Manager-Secretary  
1840 Municipal Drive  
Lancaster, PA 17601

Business Hours: Monday-Friday, 8:00 a.m. to 5:00 p.m.

## **INSTRUCTIONS FOR COMPLETING A CLAIM FOR DAMAGES FORM**

Before presenting a Claim for Injury/Damages form, please read these instructions and the Claim for Injury/Damages form in their entirety.

Type or print clearly in ink and sign the Claim for Damages form.

Provide all requested information and any available documents or evidence supporting your claim, such as medical records or bills for personal injuries, photographs, proof of ownership for property damages, receipts for property value, etc.

If the requested information cannot be supplied in the space provided, please use additional blank sheets so your Claim for Injury/Damages form can be easily read and understood.

The following are examples on how to complete the Claim for Damages Form

1. Smith, Karen Michelle 05/09/1974
2. 1234 Walnut Street, Lancaster, PA 17666
3. PO Box 910, Lancaster
4. Same (or residence at the time of incident)
5. (717) 555-2222
6. ksmith@email.com
7. 08/02/2009 8:00 a.m.
8. 08/02/2009 8:00 a.m. to 08/06/2009 1:00 p.m.
9. Manheim Township parking lot
10. Route 30, Westbound, Milepost 109, near the Fruitville Pike and G Streets
11. Manheim Township Public Works
12. Smith, Thomas Arthur, 1234 Walnut Street, Lancaster PA 17666, (717) 555-2222; Tow Truck Driver, Lancaster Towing OR unknown
13. Doe, Jane, MTPD employee (717) 555-3333 OR unknown

14. List all other witnesses having knowledge of the incident in question, with their names, addresses, and telephone numbers that are not listed within items 12 and 13. Also include a description of their knowledge. For example, if your sister was with you, when the alleged incident occurred, please include her name, address, telephone number, and indicate she witnessed the incident.

15. Please describe the incident that resulted in the injury or damages, specifically answering the questions who, what, where, when, and why.

16. If you reported this incident to law enforcement, safety, or security personnel, please provide a copy of the report or contact information to the person you spoke with.

17. Please provide all of your medical providers with their names, address, telephone numbers, and the type of treatment. If you were treated for a personal injury, please include copies of your medical records and bills as appropriate.

18. Please attach any documents of documents that support the claim's allegation. Remember to keep a copy as submitted material will not be returned.

19. Please provide the dollar amount for your damages, including your time loss, medical costs, property damage loss, etc. This amount should represent your opinion of total compensation.

**Please sign and date the bottom of page 5 of 5 before submitting your claim to the Township.**



## MANHEIM TOWNSHIP CLAIM FOR INJURY/DAMAGES FORM

This form is for filing a claim against the Township of Manheim. Some of the information requested on this form may be subject to public disclosure under the PA Open Records law.

### PLEASE TYPE OR PRINT IN INK

#### Mail or deliver original claim to:

Manheim Township  
ATTN: Township Manager-Secretary  
1840 Municipal Drive  
Lancaster, PA 17601

### CLAIMANT INFORMATION

1. Claimant's name:

\_\_\_\_\_ *Last name First Middle Date of birth (mm/dd/yyyy)*

2. Current residential address:

\_\_\_\_\_

3. Mailing address (if different):

\_\_\_\_\_

4. Residential address at the time of the incident (if different from current address):

\_\_\_\_\_

5. Claimant's daytime telephone number: (Home and Business)

\_\_\_\_\_

6. Claimant's e-mail address:

\_\_\_\_\_

### INCIDENT INFORMATION

7. Date of the incident: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. p.m.  
*(mm/dd/yyyy) (check one)*

8. If the incident occurred over a period of time, date of first and last occurrences:  
from \_\_\_\_\_ Time: \_\_\_\_\_ a.m. p.m. to \_\_\_\_\_ Time: \_\_\_\_\_ a.m. p.m.  
*(mm/dd/yyyy) (check one) (mm/dd/yyyy) (check one)*

9. Location of incident:

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*Place where incident occurred*

10. If the incident occurred on a street or highway:

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*Name of street or highway At the intersection with or nearest intersecting street*

11. Township agency or department allegedly responsible for damage/injury:

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12. Names, addresses, and telephone numbers of all persons involved in or witness to this incident:

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13. Names, addresses and telephone numbers of all Township employees having knowledge about this incident:

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14. Names, addresses, and telephone numbers of all individuals not already identified in #12 and #13 above that have knowledge regarding the liability issues involved in this incident, or knowledge of the Claimant's resulting damages. Please include a brief description as to the nature and extent of each person's knowledge. Attach additional sheets if necessary.

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15. Describe the cause of the injury or damages. Explain the extent of property loss or medical, physical or mental injuries. Attach additional sheets if necessary.

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16. Has this incident been reported to law enforcement, safety or security personnel? If so, when was it reported and to whom?

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17. Names, addresses and telephone numbers of treating medical providers. Attach copies of all medical reports and billings.

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18. Please attach documents which support the claim's allegations.

19. I claim damages from the Township of Manheim in the sum of

\$ \_\_\_\_\_.

This Claim form must be signed by the Claimant, a person holding a written power of attorney from the Claimant, by an attorney on the Claimant's behalf, or by a court-approved guardian or guardian ad litem on behalf of the Claimant.

I declare under penalty of the laws of the Commonwealth of Pennsylvania that the above information is true and correct.

\_\_\_\_\_ Date \_\_\_\_\_  
**Signature of Claimant (or Representative)**