

NOTICE OF INCIDENT



IMPORTANT NOTICE

TO BE CONSIDERED,
YOUR NOTICE MUST BE SUBMITTED TO:

**COSF RISK MANAGEMENT C/O
MELANIE LOVATO
mylovato@santafenm.gov or
2651 SIRINGO RD., BLDG. J
SANTA FE, NEW MEXICO 87505
CONTACT # (505) 955-6080**

**Please type or print legibly.
All blanks MUST be completed**

Claimant's Name: _____

Address: _____ City _____ State _____ Zip _____

Phone # (Home): _____ Work: _____

Date of Occurrence: _____ 20____ Time: _____ a.m. p.m.

Place of Accident/Injury: _____ Police Report #: _____

CAUSE OF ACCIDENT:

HOW DID THE ACCIDENT OCCUR?

LIST OF PERSONS/PROPERTY FOR WHICH YOU ARE CLAIMING DAMAGES:

(You may attach additional pages if necessary)

1. _____ \$ _____

2. _____ \$ _____

PLEASE SUBMIT ANY PICTURES, ESTIMATES, BILLS, OR OTHER INFORMATION YOU MAY HAVE
TO VERIFY THE AMOUNT OF YOUR CLAIM.

SIGNATURE

DATE

**ONCE YOU HAVE FILED YOUR NOTICE OF INCIDENT WITH THE CITY OF SANTA FE, IT WILL BE
SUBMITTED TO THE CITY'S INSURANCE CARRIER FOR INVESTIGATION.**