City of Raleigh Claim and Notice of Injury/Property Damage

This form is designed as a notice of personal injury and/or property damage that involved the City of Raleigh.

Name: _______________________________________________________________________________
First Middle Last

Address: ______________________________________________________________________________
City ___________________________ State _________________ Zip Code ________________________

Telephone: Home: __________________________ Business or Cell: __________________________

Email: ________________________________________________________________________________

In support of this claim, the following facts are set forth:

1. Date of Incident: __________________________ Time: __________________________

2. Exact location where injury/property damage occurred:
_____________________________________________________________________________

3. Facts concerning how and circumstances under which injury/damage occurred. Describe alleged defect. (If additional space is needed, attach supplementary sheet)
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Was there a defect in a street, sidewalk, or other public place in the City of Raleigh? __________
How long has defective condition existed? __________
Was City notified of defect causing this accident prior to the accident? __________
If so, when and by whom? __________

4. Persons who witnessed incident and/or have knowledge of alleged defect. Name/Address/Phone#
_____________________________________________________________________________

5. Provide name(s) of any City of Raleigh department or person with whom you have been in contact regarding this incident and/or police report number:
_____________________________________________________________________________

6. Were any injuries sustained? __________ Personal Injury (if known) $ __________
Describe injuries: __________________________________________________________________

7. Was any property damaged? __________ Property Damage (if known) $ __________
What property was damaged? __________________________________________________________________

I acknowledge that the above information is true and accurate.

Claimant Signature: ___________________________ Date: __________________________

Return to: City of Raleigh
Risk Management Division
P. O. Box 590
Raleigh, NC 27602

Direct: 919-996-2240
E-mail: riskmanagement@raleighnc.gov

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