

# NOTICE OF INCIDENT



## IMPORTANT NOTICE

TO BE CONSIDERED,  
YOUR NOTICE MUST BE SUBMITTED TO:

**CITY OF SANTA FE  
RISK MANAGEMENT  
200 LINCOLN AVE or P.O. BOX 909  
SANTA FE, NEW MEXICO 87504-0909  
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.**