



NOTICE OF INJURY, PROPERTY, OR VEHICLE DAMAGE

Please fill out all information that applies to your claim.

CLAIMANT'S NAME: _____

CLAIMANT'S HOME ADDRESS: _____

CLAIMANT'S HOME TELEPHONE: (_____) _____

NAME OF CLAIMANT'S EMPLOYER: _____

CLAIMANT'S OCCUPATION: _____

CLAIMANT'S BUSINESS ADDRESS: _____

CLAIMANT'S BUSINESS TELEPHONE: (_____) _____

CLAIMANT AUTO: MAKE, YEAR, AND PLATE NUMBER:

ADDITIONAL CLAIMANT NAME:

DATE OF INCIDENT: _____ **TIME OF INCIDENT:** _____

LOCATION OF INCIDENT: _____

NATURE AND EXTENT OF DAMAGE SUSTAINED: _____

STATE IN SPECIFIC DETAIL THE CIRCUMSTANCES OF HOW AND WHERE THE INCIDENT OCCURRED:

STATE WHETHER YOU WERE ADMITTED TO A HOSPITAL AS A RESULT OF THIS INCIDENT:

IF SO, STATE WHAT HOSPITAL AND THE RESPECTIVE ADMISSION AND RELEASE DATES:

DATE OF ADMISSION: _____

DATE OF RELEASE: _____

IF YOUR CLAIM IS FOR PROPERTY DAMAGE, STATE THE SPECIFIC NATURE OF THE DAMAGE OR LOSS AND THE PRESENT LOCATION OF THE PROPERTY DAMAGED (IF APPLICABLE, ATTACH WRITTEN ESTIMATES OF REPAIR):

IF YOUR CLAIM IS FOR LOST WAGES,

(A) STATE YOUR AVERAGE WEEKLY WAGE:

(B) STATE WHETHER YOU HAVE RETURNED TO WORK AND IF SO, ON WHAT DATE:

(C) STATE HOW LONG YOU HAVE BEEN WORKING FOR THIS EMPLOYER:

(D) STATE WHETHER YOU HAVE FILED A CLAIM FOR COMPENSATION UNDER THE TEXAS WORKERS' COMPENSATION LAW, THE RESPECTIVE DATE OF SUCH CLAIM, WHETHER YOU HAVE RECEIVED BENEFITS:

_____ **YES** _____ **NO**

IF YES, DATE OF CLAIM: _____

BENEFITS RECEIVED: _____ **YES** _____ **NO**

IF YES, STATE THE AMOUNT: _____

NAMES, ADDRESSES AND PHONE NUMBERS OF WITNESSES, IF AVAILABLE:

I HEREBY AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND BASED ON MY PERSONAL KNOWLEDGE AND I HEREBY AUTHORIZE THE RELEASE TO THE CITY OF WATAUGA ANY AND ALL INFORMATION WITH REGARD TO MEDICAL HISTORY, CONSULTATIONS, PRESCRIPTIONS, DIAGNOSIS, REPORTS OR TREATMENTS, AND EMPLOYMENT RECORDS AS THE SAME RELATES TO THIS CLAIM.

SIGNED THIS _____ **DAY OF** _____, **20** _____

SIGNATURE

CITY OF WATAUGA CODE OF ORDINANCES
DIVISION 2. - CLAIMS AGAINST CITY^[4]

Footnotes:

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State Law reference— Texas Tort Claims Act, V.T.C.A., Civil Practice and Remedies Code ch. 101; tort claims payments by local governments, V.T.C.A., Civil Practice and Remedies Code ch. 102.

Sec. 2-227. - Written notice required.

- (a) The city shall never be liable for any claim for property damage or for personal injury, whether such personal injury results in death or not, unless the person damaged or injured, or someone in his behalf, or, in the event the injury results in death, the person who may have a cause of action under the law by reason of such death or injury, shall, within six months from the date the incident giving rise to the claim occurred, give notice in writing to the city manager or city secretary of the following facts:
 - (1) The damage or injury claimed;
 - (2) The time and place of the incident; and
 - (3) The incident.
- (b) The notice requirements provided by subsection (a) of this section do not apply if the city has actual notice that death has occurred, that the claimant has received some injury, or that the claimant's property has been damaged.

(Code 2001, § 1.801; Code 2010, § 1.02.031)

State Law reference— Similar provisions, V.T.C.A., Civil Practice and Remedies Code § 101.101.

Sec. 2-228. - Service of notices.

All notices required by this division shall be effectuated by serving them upon the city secretary or city manager at the following location: City of Watauga Municipal Complex, 7101 Whitley Road, Watauga, Tarrant County, Texas, and all such notices shall be effective only when actually received in the office of the person named above.

(Code 2001, § 1.803; Code 2010, § 1.02.033)

Sec. 2-229. - Waiver of requirements.

Neither the mayor, a city council member, nor any other officer or employee of the city shall have the authority to waive any of the provisions of this division or section 14.05 of the Home Rule Charter for the city.

(Code 2001, § 1.804; Code 2010, § 1.02.034)

Secs. 2-230—2-251. - Reserved.