

CITY OF MENASHA CLAIM FORM
NOTICE OF CIRCUMSTANCES (§893.80(1d)(a) Wis. Stats.)

NAME _____ TELEPHONE NUMBER _____

ADDRESS _____ (Street)
OF CLAIMANT _____ (City, State, Zip Code)

EMAIL (optional): _____

CIRCUMSTANCES OF CLAIM: On the reverse side, **describe the circumstances of your claim** and attach additional sheets if necessary (who, what, where, when and how). For auto/property damages, attach a copy of the police report, if any; and a diagram of the accident scene including north, south, east or west. For personal injury, indicate the nature of the injury; if medical attention was given, the name of the physician/immediate care/hospital. List the names and addresses of any witnesses to the incident/accident. Give details.

Incident/Accident Information:

Date _____ Place _____

Time _____

(Circumstances of claim and witnesses on reverse)

Signed _____ Date _____

CLAIM FORM (§893.80(1d)(b) Wis. Stats.)

After filing a Notice of Circumstances of claim with the City of Menasha you must also file a claim **itemizing** the relief sought (what you want from the City or do not want the City do to). You may file a claim at any time consistent with the applicable statute of limitations. Provide copies of any bills supporting the amount of the claim. For claims involving auto/truck/property damage, please attach two estimates. If the relief sought is non-monetary be as detailed and/or descriptive as possible.

The person signing below makes a claim against the City of Menasha arising out of the circumstances above-described. The claim is for relief in the form of money damages as indicated below, and non-monetary relief as follows:

Auto/truck \$ _____ Personal Injury \$ _____

Property: \$ _____ Other (specify) \$ _____

Signed: _____ Date _____

Address: _____ (Street)

_____ (City, State, Zip Code)

Circumstances of Claim (Attach additional sheets if necessary):

Witnesses (names and addresses):

Procedure for filing claims:

1. In most instances, a signed **Notice of Circumstances** of Claim must be served on the City within 120 days after the happening of the event giving rise to the claim or it will be barred by State Statute.
2. A **Claim** must also be filed with the City Clerk, City of Menasha, 100 Main Street, Suite 200, Menasha, WI 54952 containing the claimant's address and an itemized statement of the relief or damages sought. This is the bottom portion of the form entitled "Claim Form." **No action will be taken until this portion is completed and submitted to the City.**
3. The City Risk Manager and or CVMIC (the City's liability insurance carrier) will then determine if your claim should be paid, compromised, or disallowed. You will be notified by letter should the City determine to pay or compromise your claim. If your claim is determined to be disallowed, the matter may go before the Common Council for formal disallowance.
4. This procedure is established by Wisconsin Statutes to provide a mechanism for persons to recover damages in the event a municipality is responsible for an incident. This procedure is also designed to protect the municipality and its taxpayers from having to pay out inappropriate and/or nuisance claims.