

**NOTICE OF TORT CLAIM FORM  
FOR PROPERTY DAMAGE & PERSONAL INJURY**

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**Provided by City of Valparaiso, State of Indiana**

Anyone who has a claim for personal injury or property damage against the **City of Valparaiso**, State of Indiana, must either use the following form to file a claim or make a claim in writing as prescribed in IC34-13-3 and these rules.

KEEP A COPY OF YOUR CLAIM FORM, YOUR RECEIPTS FOR YOUR BILLS AND YOUR CERTIFIED OR REGISTERED MAIL RECEIPT.

If your claim is properly filed, the **City of Valparaiso**, State of Indiana, will investigate it and notify you in writing within 90 of receipt if your claim is approved. A claim is denied if not approved in 90 days.

DO NOT DELAY IN MAKING YOUR CLAIM. INDIANA LAW GIVES YOU ONLY 180 (ONE HUNDRED EIGHTY) DAYS AFTER THE LOSS TO MAKE A CLAIM, IF THE LOSS OCCURRED AFTER JULY 1, 1995. EACH PERSON WHO HAS SUSTAINED A LOSS SHOULD FILE A SEPARATE FORM.

The filing of this claim is part of a legal process. If you have any questions about the right way to file a claim, you should contact an attorney of your choice. The **City of Valparaiso** attorney is not authorized by law to assist you with filing this claim.

City of Valparaiso  
State of Indiana  
Claim for Personal Injury or Property Damage  
Use additional sheets if necessary

1. Name of claimant: \_\_\_\_\_
2. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Address at time of loss (if different): \_\_\_\_\_  
\_\_\_\_\_
4. Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (work)
5. Driver's license number: \_\_\_\_\_
6. Date and Time of Loss: \_\_\_\_\_
7. Exact location of loss (include County, nearest crossroad and Town, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
8. Amount of damages sought: \_\_\_\_\_
9. Name and addresses of all persons involved (if known): \_\_\_\_\_  
\_\_\_\_\_
10. Alleged negligence: \_\_\_\_\_
11. Explanation of what happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

