ARKANSAS STATE CLAIMS COMMISSION
NON VEHICLE PROPERTY DAMAGE/PERSONAL INJURY INCIDENT REPORT FORM

SECTION 1
CLAIMANT_____ADDRESS_____

_____CITY & STATE_____ZIP CODE_____

DATE OF INCIDENT:_____ _____ TIME_____

Give a brief description of incident, showing how incident happened, exact loss and extent of damage to property and/or injury to person:

_____

_____

_____

(If personal injury claim only, move on to Section IV)
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SECTION II
Has this property been repaired? Yes ( ) No ( ) If repairs have been made, give the following information: Amount: $_____ Have you paid for the repairs? Yes ( ) No ( )

NOTE: Attach a copy of repair bill.

If repairs have not been made, list three estimates below and **attach copies** of each of them.

NAME	ADDRESS	AMOUNT
1._____	_____	$_____
2._____	_____	$_____
3._____	_____	$_____

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SECTION III
Was property covered by insurance? Yes ( ) No ( )
If yes, what is the deductible? $ _____

NAME OF INSURANCE CARRIER ADDRESS

_____ _____

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SECTION IV

Is injured covered by medical insurance? Yes ( ) No ( )

If yes, what is the deductible? $_____

NAME OF INSURANCE CARRIER ADDRESS

_____ _____

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SECTION V
If incident was investigated by the police or by some other agency, give name and title of officer/person making the investigation:_____

_____

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SECTION VI
The undersigned states on oath that he/she is familiar with the matters and things set forth in the above statement, and that he/she verily believes that they are true.

_____
Signature of Claimant

(Notary Seal)

Sworn to and subscribed before me at _____
City & State

on this _____day of _____, _____.
day month year

My Commission Expires _____.

_____
Signature of Notary Public