



# City of New Orleans

## Incident Reporting Instructions



.....

In order for the Risk Management Division to properly evaluate your claim, please read the below carefully and furnish all required documents. Failure to furnish all requested documents may cause a delay in the processing of your claim.

### Incident Reporting Procedures:

- 1) Estimate of damages (ALL MUST BE WRITTEN & ITEMIZED)
  - A) Three (3) itemized estimates from any repair shops you choose; or
  - B) One (1) estimate from a Certified Appraiser
- 2) Color photo(s) of all alleged damages claimed
- 3) All receipts, police report and other items relevant to proof of your claim
- 4) All incidents must be reported to City of New Orleans Information Hotline at # 311.
- 5) Incident Reporting form attached completed entirely.
- 6) An Exact Physical Address of the incident location.

### MAIL INCIDENT REPORTING FORM AND DOCUMENTS TO:

City of New Orleans  
Chief Administrative Office  
Attn: Claims Manager  
1300 Perdido Street  
Suite 9E06 9<sup>th</sup> Floor  
New Orleans, Louisiana 70112  
(504) 658-8600

Upon receipt of your completed incident forms, the Risk Management Division will investigate and review with the appropriate City department.

Filing of this incident, or obtaining an estimate from a certified appraiser, does not guarantee payment will be made. A decision regarding payment will be made ONLY after an investigation has been completed.

You will be notified by mail regarding the disposition of your incident.



# CITY OF NEW ORLEANS



## GENERAL LIABILITY INCIDENT FORM

**NOTE: Please print clearly and complete all applicable sections**

Claimant's Name \_\_\_\_\_ Date of Accident \_\_\_\_\_

Accident Location: \_\_\_\_\_ Time: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Describe the Injury or Damaged Property:**

---

Estimate of Damages \_\_\_\_\_ Is Property available to view? \_\_\_\_\_

Where can property be viewed? \_\_\_\_\_

Witnesses: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness Address: \_\_\_\_\_

Authority Contacted: \_\_\_\_\_ Item No: \_\_\_\_\_

Accident Reported to: \_\_\_\_\_ Date: \_\_\_\_\_

Accident Reported by: \_\_\_\_\_ Method: \_\_\_\_\_

311 Case Number: \_\_\_\_\_ Date Reported to 311 \_\_\_\_\_

I believe under the penalty of perjury, that all information submitted by me is true and correct to the best of my knowledge

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print your full name: \_\_\_\_\_

---

Witness 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness 1 Address: \_\_\_\_\_

Witness 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness 2 Address: \_\_\_\_\_

Authority Contacted: \_\_\_\_\_ Item No: \_\_\_\_\_

Accident Reported to: \_\_\_\_\_ Date: \_\_\_\_\_

Accident Reported by: \_\_\_\_\_ Method: \_\_\_\_\_

311 Case Number (If known): \_\_\_\_\_

All information submitted by me is true and correct to the best of my knowledge.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print your full name: \_\_\_\_\_