

NOTICE OF CLAIM AGAINST CHIPPEWA COUNTY

Name: _____

Address: _____

Date of Accident/Loss: _____ Time of Day: _____ a.m./p.m.

County Department Involved: _____ Vehicle #: _____

Photos taken: ___ Yes ___ No Weather Conditions: _____

Police called: ___ Yes ___ No Date: _____

Agency: _____

Case No.: _____

Type of Claim: ___ Vehicle ___ Property ___ Personal Injury

Dollar Amount of Damages Claimed: \$ _____

Briefly state the facts of the accident/loss (include additional pages, if necessary, along with any supporting documentation/information/photos; **do not staple**):

Signature: _____ Date: _____

Submit Claim to: Jaclyn Sadler, Chippewa County Clerk
Chippewa County Courthouse
711 N. Bridge Street, Room 109
Chippewa Falls, WI 54729