



MEMBER CLAIM SUBMISSION

**1st Report of Damage to Your Property or Vehicle
To Be Completed by Risk Manager and sent to ICRMP**

Member Name:

Mailing Address:

City:

Zip Code:

Risk Manager:

E-mail:

Phone Number:

Fax:

Date of Incident:

Who reported the claim to you:

Department Involved:

Employee(s) Involved:

Provide a Description of What Happened:

(Please attach any additional information you deem necessary)

Description of Property Damaged & Location:

Make, Model & VIN# of Vehicle or Equipment Damaged:

Risk Manager Signature: _____ Date Signed: _____