

**SDPAA CLAIMANT REPORT NOTICE**

**\*\*TO BE COMPLETED BY INJURED/DAMAGED PARTY\*\***

PLEASE COMPLETE ALL RELATED AREAS AND ATTACH ANY BILLS, RECEIPTS, OR ESTIMATES.  
FORM MUST BE SIGNED AND DATED.

Name of Member claim being made against \_\_\_\_\_  
Name of person(s) making claim \_\_\_\_\_ Preferred phone \_\_\_\_\_  
Address \_\_\_\_\_ Other phone \_\_\_\_\_  
Date of Incident/Accident \_\_\_\_\_ Time of Incident/Accident \_\_\_\_\_ (a.m.) \_\_\_\_\_ (p.m.)  
Location of Incident/Accident \_\_\_\_\_  
Type of incident: (Check all that apply) { } Injured Person { } Property Damage { } Both { } Other

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INJURED PERSON Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Did you see a doctor? { } Yes { } No Doctor's Name \_\_\_\_\_  
Were you hospitalized? { } Yes { } No Hospital \_\_\_\_\_  
Have you returned to work or school? { } Yes { } No Date of Birth: \_\_\_\_\_  
Describe Incident/Accident \_\_\_\_\_  
\_\_\_\_\_  
Extent of Injury \_\_\_\_\_  
\_\_\_\_\_  
Why were you on the premises? \_\_\_\_\_  
\_\_\_\_\_  
Name of law enforcement officer or governmental authority to whom this injury was reported: \_\_\_\_\_  
\_\_\_\_\_

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PROPERTY DAMAGE (Including Automobile) List property (age) damaged \_\_\_\_\_  
\_\_\_\_\_  
How was property damaged? \_\_\_\_\_  
\_\_\_\_\_  
Driver, if other than owner \_\_\_\_\_  
Address \_\_\_\_\_  
Preferred Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Auto: Year, Make & Model \_\_\_\_\_  
VIN: \_\_\_\_\_  
Describe Incident/Accident: \_\_\_\_\_  
\_\_\_\_\_  
Place where vehicle can be inspected \_\_\_\_\_  
Estimated Cost of Repair \_\_\_\_\_

**SOUTH DAKOTA LAW REQUIRES THE FOLLOWING:**

SDCL 3-21-2 Notice prerequisite to action for damages – Time limit. No action for the recovery of damages for personal injury, property damage, error or omission or death caused by a public entity or its employees may be maintained against the public entity or its employees unless written notice of the time, place and cause of the injury is given to the public entity as provided by this chapter within one hundred eighty days after injury.

SDCL 3-21-3 Persons to whom notice must be given. Notice shall be given to the following officers as applicable: In the case of a county, to the county auditor; In the case of a municipality, to the mayor or city finance officer; In the case of other public entities, to the chief executive officer or secretary of the governing board.

\_\_\_\_\_  
Date Signature of Claimant  
\_\_\_\_\_  
Date Signature of Claimant (if more than one person making claim)