



CLAIM FOR DAMAGES

(FOR PERSONAL INJURY OR PROPERTY DAMAGE)

This form may be submitted by email to: claims@slmpd.org or by mail to:
SLMPD Claims, 1915 Olive Street, St. Louis, MO 63103.

Note: Submission of this form does not guarantee SLMPD acceptance of liability or responsibility and is for investigative / verification purposes.

**You are required to provide all documentation to support your claim.
Failure to provide complete information and/or supporting documents may
delay the investigation of your claim.**

SLMPD USE ONLY

Received via:

U.S. mail ☐

E-mail ☐

Interoffice mail ☐

Hand delivered ☐

Name of Claimant (Injured or Damaged Party)			
Address of Claimant	City/State/ZIP Code	Phone Number	Email
Date and Time of Incident		Police Incident Report Number	
Location/Address Where Incident Occurred			
Basis of Claim (State in detail the facts and circumstances of how the damage or injury occurred, and the type or amount of injury sustained. Attach additional pages as needed.):			
If the claim relates to damage to a motor vehicle, please provide the following:			
Year	Make	Model	Color
Name of Insured			
Insurance Company		Policy #	
Please check here if there was no insurance coverage in effect at the time of the incident <input type="checkbox"/>			
Name of any witnesses (Attach additional sheet, if necessary.)			
Name		Address	Phone Number
Name		Address	Phone Number
Claimant Certification			
I affirm, under penalty of law, that the statements I have made herein are correct and truthful and understand and agree that I can be prosecuted for making a false statement to a governmental entity. I also understand and agree that, by entering my name below, I am electronically signing this claim form and intend that my electronic signature shall have the full legal force and effect as my written signature.			
Signature of Claimant or Attorney for Claimant			Date