



Standing Rock Sioux Tribe Property & Receiving Department



P.O. Box D-75 – Fort Yates, ND 58538 - PH: 701-854-8573 - Email: property@standingrock.org

CLAIM FOR DAMAGES

Email or Deliver Original Claim to:

Property Department
PO Box D-75
Standing Rock Administrative Service Center
North Standing Rock Avenue Building 1
Fort Yates, ND 58538
Or property@standingrock.org

CLAIM INFORMATION

Program Name: _____ Phone# _____

Program Funding Source: TRIBAL 638 District Other: _____

Employee Name: _____

(Last Name) (First) (Middle)

Employee Driver's License Number: _____ State: _____

Physical Program Address: _____

Mailing Address (if different): _____

Employee daytime phone: _____

(Office) (Cell)

Employee Email Address: _____

INCIDENT INFORMATION

Date of Incident: _____ Approx. Time: _____ am/pm

If incident occurred over a period of time, date of first and last occurrence:

From: _____ Time: _____ am/pm

To: _____ Time: _____ am/pm

Location of Incident: _____

Explanation of Incident/Accident:

(Attach additional information if needed)

Indicate on this diagram, how the accident happened?

Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

a Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow

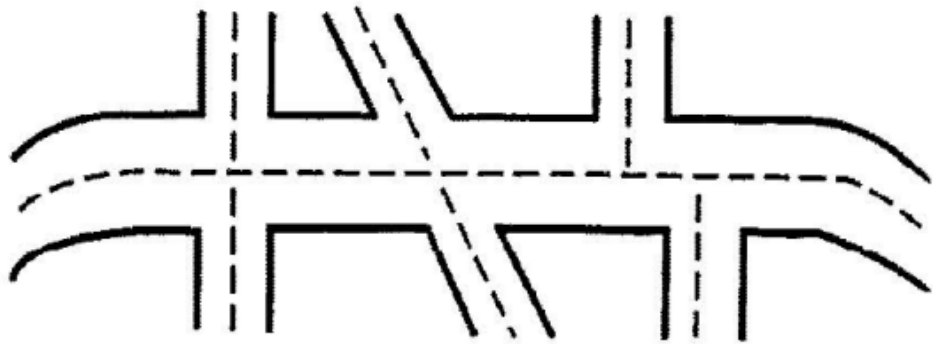
Example. → 1 ← 2 ←

b Use solid line to show path before accident and broken line after the accident

c Show pedestrian by → ○

d Show railroad by ++++++

e Place arrow in this circle to indicate NORTH



Names, addresses, and contact numbers of all persons involved in, or witness to, this incident:

Name	Address	Phone #

If Vehicle, please complete the following: Vehicle year: _____ Make: ___ Model: ___ License: _____
 _____ Vehicle VIN#: _____ Seat Belts Used: Yes / No Names, addresses, and telephone numbers of all SRST programs or employees having knowledge of this incident:

Name	Address	Phone #

Names, addresses, and telephone numbers of any other individual not mentioned above who may have knowledge regarding any liability issues involved in this incident, or knowledge of the claimant’s resulting damages. Please include a brief description as to the nature and extent of each person’s knowledge. Attach additional sheets if necessary.

Name	Address	Phone #

Describe the cause of the injury or damages.

	Explain the extent of property loss or medical treatments necessary as a result of this incident attach additional sheets if necessary.
Damages	
Injury(ies)	
Property Loss	

Has the incident been reported to law enforcement, safety or security personnel? If so; when and to whom:

Name	Program	Date Notified

Names, addresses and telephone numbers of treating medical providers. Attach copies of all medical reports and

Name	Organization and Address	Phone Number

Other Vehicle/Driver's Information: Driver's Name:

Driver's Name: _____

Driver's Phone#: _____

Driver's License Number: _____

Driver's Address: _____

Driver's Phone Number: _____ Cell: _____ Home: _____

Vehicle Year: _____ Make: _____ Model: _____ License: _____

Vehicle Vin#: _____

Insurance Company Name: _____

Insurance Company Phone: _____

Insurance Company Policy: _____

I certify that the information on this form is correct to the best of my knowledge. Please attach all images and reports if not covered on this claim report:

Signature of Reporting Person:

Title:

Address:

City, State & Zip Code

Phone Number: _____

