



# 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: \_\_\_\_\_**