

CLAIM #

**AUTOMOBILE LIABILITY**  
**AFFIDAVIT OF CLAIM**

Jefferson County, Alabama  
Risk Management Division, Room 270  
716 Richard Arrington, Jr. Blvd. N  
Birmingham, Alabama 35203

Claimant's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Federal Tax ID Number (If Applicable): \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Incident (If Different from Address Listed Above): \_\_\_\_\_

\_\_\_\_\_

Name of County Employee, Vehicle or Equipment Involved in the Incident: \_\_\_\_\_

\_\_\_\_\_

Details of Auto Incident and why You Believe County is Liable: \_\_\_\_\_

\_\_\_\_\_

Details of Injury or Property Damage (If Applicable): \_\_\_\_\_

\_\_\_\_\_

Was Auto Incident Reported to Police? \_\_\_\_\_ Case Number: \_\_\_\_\_

State the amount of your claim in dollars and attach supporting documentation: \$ \_\_\_\_\_

**I have submitted a separate itemization of damaged claimed, as required by Title 11-12-5, Code of Alabama, 1975, and I hereby swear under a penalty of perjury that the above statements and attachment(s) hereto are true, correct and complete.**

\_\_\_\_\_  
Affiant – Claimant Signature

Sworn to and subscribed to me on this \_\_\_\_\_ day of \_\_\_\_\_, 2020

\_\_\_\_\_  
(Notary Public)

SEAL

My Commission Expires: